

Case Number:	CM13-0039151		
Date Assigned:	12/18/2013	Date of Injury:	12/12/2009
Decision Date:	03/18/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/03/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 33 year old female who on 12./12/2009, while at work, bent over to reach for the film; and in doing so she felt a pulling sensation and immediate pain in her lower back. As she attempted to stand upright, she struck a stepladder with her neck and back and twisted her left hand and wrist due to her carrying a box of film weighing 25 pounds. Prior treatment included physical therapy and shockwave therapy 5 times. An EMG dated 10/20/2011 showed study was normal. A progress note indicates the patient has continued lumbar spine pain, tenderness, and limited range of motion. Positive straight leg raise, bilaterally, left greater than right and ongoing diminished L5-S1 sensation in the lower extremities. She was diagnosed with lumbar spine strain/sprain, rule out discopathy. It was noted that patient has been showing improvement with increased range of motion and decreased symptomatology with physical therapy. Treatment plan was authorization for continued supervised formal physical therapy program for cervical and lumbar spine 2x 4weeks, MRI of cervical and lumbar spine, and continued home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

MRI of the lumbar spine: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Section on Low Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 303-305.

Decision rationale: CA MTUS Guidelines indicate that the MRI is recommended for "unequivocal objective findings that identify specific nerve compromise on the neurologic examination." This patient was documented to have some improvement with physical therapy but continued to have lumbar spine pain, tenderness, limited range of motion, positive Straight Leg Raises bilaterally, left greater than right, and ongoing diminished L5 and S1 sensation in the lower extremities. The provider has requested MRI of the lumbar spine to rule out discopathy. The medical necessity is established, and hence the request for MRI of the lumbar spine is certified.