

Case Number:	CM13-0040858		
Date Assigned:	12/20/2013	Date of Injury:	01/31/2007
Decision Date:	02/20/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/29/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 43 year old male with a date of injury of 01/31/2007. The listed diagnoses per [REDACTED] dated 09/25/2013 are: 1. Degenerative disc disease 2. Lumbar radiculopathy 3. Myofascitis 4. Reactive Depression 5. Neuropathic pain According to report dated 09/25/2013 by [REDACTED], patient presents with "significant amount of pain in his lower back with pain radiating into his right leg." The patient describes pain as a burning sensation. Patient also notes muscle spasms in his back and difficulty sleeping due to his pain. Emergency Department report dated 08/10/2013 states patient comes in "emergency room for request of refills of his medication". Emergency Department report also states patient has chronic low back pain without any recent acute injuries. Examination showed discomfort with palpation to the right lumbar spine and positive straight leg raise in the right. No imaging studies were documented. Treater requests MRI of the lumbar spine.

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: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM.

Decision rationale: This patient presents with lower back pain that radiates into his right leg. Treater is requesting a lumbar spine MRI "because of the patient's new findings and severe pain in his lower extremities". Utilization letter dated 10/02/2013 denied request stating there are "no clear clinical evidence of radiculopathy in the examination. There is no indication that surgery is a consideration." ACOEM guidelines states: "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." Despite review of all the reports provided, there was not any mention of prior MRI of Lumbar spine. A QME supplemental report from 7/7/09 mentions "radiographic studies" that showed "triangular canal at L4-5, degenerative changes, disc space narrowing" but this may not be a description of an MRI. EMG/NCV studies from 12/4/09 showed changes consistent with chronic L4/5 radiculopathy and recommended MRI's. Recommendation is for authorization of the requested MRI of Lumbar spine. Positive EMG findings are considered a definitive sign of radiculopathy and an MRI would be appropriate.