

Case Number:	CM13-0055748		
Date Assigned:	12/30/2013	Date of Injury:	06/11/2011
Decision Date:	04/18/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	11/21/2013

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 61 year old female with date of injury of 06/11/2011. The listed diagnoses dated 10/10/2013 are: 1Lumbosacram sprain/strain, Cervical sprain/strain, Shoulder sprain/strain, Lumbar radiculitis/neuritis, Myalgia/myositis, SI joint subluxation According to progress report dated 10/10/2013, the patient is improving with increased lumbar and cervical range of motion. The patient has complaints of pain with lifting greater than 25lbs. She has completed acupuncture and is on modified work duties. Objective findings show lumbar spine flexion at 45/60 degrees. There was a positive Milgram's test for low back pain. There is tenderness to palpation over L3-L5. Treater is requesting an 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: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back-Lumbar & Thoracic, and Internet Version

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG-TWC guideline (http://www.odg-twc.com/odgtwc/low_back.htm#Protocols)

Decision rationale: This patient presents with back and neck pain. The treater is requesting an MRI of the lumbar spine. Utilization review dated 11/13/2013 denied the request stating "Red flags are not documented for which MRI would be required." ACOEM Guidelines page 177 to 178 list their criteria for ordering imaging studies which include emergence of a red flag; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery and clarification of the anatomy prior to an invasive procedure. ACOEM further states that unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. Review of 79 pages of records does not show any recent or prior MRI. Progress report dated 10/10/2013 by [REDACTED], shows that the patient's range of motion has increased in the lumbar spine. In this same report, the patient does complains of pain when lifting greater than 25 lbs but continues with modified work duties. In this case, the patient does not present with radiating symptoms and continues to work with modified restrictions. Given the lack of documented neurologic dysfunction as evidenced by physical examination, recommendation is for denial.