

Case Number:	CM13-0058367		
Date Assigned:	12/30/2013	Date of Injury:	01/16/2013
Decision Date:	05/05/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/26/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert 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 expert 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 52-year-old female with a date of injury of 01/15/2013. The listed diagnoses per [REDACTED] are: 1. Cervical/thoracic spine strain, rule out cervical radiculopathy. 2. Rule out bilateral carpal tunnel syndrome. 3. Bilateral trigger thumbs. 4. Bilateral basal joint arthralgia and arthritis. 5. Bilateral lateral elbow epicondylitis. 6. Lumbar strain with degenerative disk disease. According to report dated 10/14/2013, the patient presents with pain in the low back with pain radiating to her bilateral hip. She denied having radiating pain to her lower extremities. She has difficulty bending forward, backwards, sideways, and driving for prolonged period of time. Her pain level varies throughout the day. Examination of the lumbar spine revealed no loss of the normal lumbar lordosis. No muscle guarding or spasm present. The patient did not complain of increasing pain towards terminal range of motion and there was no paraspinal musculature tenderness to palpation. Provocative testing noted as negative. The provider goes on to state, in order to address the patient's complaints and rule out underlying pathology and due to the chronicity of her complaints images are needed to help determine the exact pathology pertaining to her subjective complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

MAGNETIC RESONANCE IMAGING (MRI) OF THE LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 303.

Decision rationale: This patient presents with pain in the low back with pain radiating to her bilateral hip. The provider is requesting an MRI of the lumbar spine to help determine exact pathology. For special diagnostics, ACOEM Guidelines page 303 states "unequivocal objective findings that identify specific nerve compromise on the neurological examination is sufficient evidence to warrant imaging in patients who do not respond well to treatment and who would consider surgery as an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." In this case, physical examination performed on 10/14/2013 revealed no physiologic evidence of nerve dysfunction. The patient does not present with any leg symptoms with pain localized to low back and hip only. Objective findings do not show any nerve root lesion that may warrant a specialized imaging studies such as an MRI. Recommendation is for denial.