MAXIMUS Federal Services

Case Number:	CM14-0001465		
Date Assigned:	01/22/2014	Date of Injury:	10/20/2011
Decision Date:	03/25/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/06/2014

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 Pain 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 injured worker is a 53-year-old right-hand dominant male with a date of injury of October 20, 2011. The injured worker's diagnoses include lumbosacral sprain/strain, lumbar degenerative disc disease, right knee torn medial meniscus, left shoulder sprain with myofasciitis, chondromalacia of the medial femoral condyle of the right knee, and history of arthroscopic surgeries in the knee for meniscectomy, debridement, chondroplasty, and synovectomy. The disputed issue is a request for lumbar MRI, and a utilization review determination had denied this request. The stated rationale for this denial was that "the most recent physical examination did not reveal significant neurologic deficits in the lumbar spine to substantiate the request." The reviewer further noted that "objective evidence to show that adequate conservative care has been rendered prior to the request was not presented."

IMR ISSUES, DECISIONS AND RATIONALES

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

An 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 Chapter 12 Low Back Complaints Page(s): 303-304,Chronic Pain Treatment Guidelines Page(s): 6.

Decision rationale: In the case of this injured worker, the most relevant physical examination associated with this request is a note from January 2014. There is documentation of motor strength testing of 5/5 in the lower extremities. Sensation is noted to be intact bilaterally. There is positive straight leg raise sign at 42Â°. Lumbar spine range of motion is decrease in flexion and extension. There is no significant neurologic deficit noted on examination. A straight leg raise maneuver is a neural tension sign and is suggested a possible lumbar radiculitis. However, the guidelines specify that when the neurologic examination is equivocal, further investigation of this prior to the magnetic resonance imaging is indicated as per ACOEM. This request is recommended for non-certification.