

Case Number:	CM14-0001904		
Date Assigned:	01/22/2014	Date of Injury:	01/02/2003
Decision Date:	06/09/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/07/2014

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, 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 an employee of [REDACTED] and has submitted a claim for back and bilateral leg pain associated with an industrial injury date of January 2, 2003. Treatment to date has included medications, physical therapy, ultrasound guidance of right sacroiliac joint injection, and trigger point injections of the lumbar paraspinal musculature. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of back and bilateral leg pain, numbness, and weakness. On physical examination, the patient stood with a forward flexed posture. Straight leg raising test was positive bilaterally. There was also weakness of the ankle dorsiflexors with diminished reflexes bilaterally. Utilization review from December 18, 2013 denied the request for MRI to lumbar spine because there was no indication that the patient received therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI LUMBAR SPINE WITHOUT DYE: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): (s) 303-304.

Decision rationale: According to pages 303-304 of the ACOEM Practice Guidelines referenced by CA MTUS, imaging of the lumbar spine is supported in patients with unequivocal objective findings that identify specific nerve compromise on the neurologic examination, and who do not respond to treatment, and who are in consideration for surgery. In this case, patient has been complaining of chronic low back pain with focal neurologic deficit manifested by weak ankle dorsiflexors and hyporeflexia. The requesting physician insinuated that the patient may end up with a permanent neurological deficit without the MRI because it will help determine the next course of action regarding treatment. There is likewise no previous MRI for this patient. Guideline criteria were met; therefore, the request for MRI lumbar spine without dye is medically necessary.