

Case Number:	CM14-0004855		
Date Assigned:	07/07/2014	Date of Injury:	10/25/2012
Decision Date:	08/15/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	01/10/2014

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 a 56-year-old female with a date of injury of 10/25/2012. The listed diagnoses per [REDACTED] are cervical spine sprain/strain; cervical radiculopathy; bilateral shoulder sprain/strain; s/p right shoulder arthroscopy; bilateral elbow medial epicondylitis; left wrist tenosynovitis; thoracic spine and lumbar spine sprain/strain; lumbar radiculopathy; bilateral knee sprain/strain; anxiety, mood disorder; and stress and sleep disorder. According to initial comprehensive report by [REDACTED], the patient presents with neck, bilateral shoulder, bilateral elbow, bilateral wrist, midback, low back, bilateral knee, and bilateral ankle pain. The patient also complains of anxiety, stress, and depression. The patient states the low back pain is sharp, stabbing pain with muscle spasms. Patient rates the pain as 8/10 on a pain scale. Examination of the lower back revealed patient is able to heel-toe walk; however, she has pain with heel walking. There is bilateral lumbar paraspinal muscle guarding and palpable tenderness noted at the sacrotuberous ligaments. Range of motion is decreased on all planes. Straight leg raise is positive at 55 degrees bilaterally. The treating physician is requesting x-rays and MRI scans of the cervical spine, bilateral shoulder, bilateral elbow, bilateral wrist, thoracic and lumbar spine, bilateral knee, and bilateral ankle. He is also requesting a TENS unit, physical therapy, shockwave therapy, EMG/NCV, and a functional capacity evaluation. This review is a request for MRI of the lumbar spine. Utilization Review denied the request on 12/09/2013.

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 Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG-TWC guidelines (http://www.odg-twc.com/odgtwc/low_back.htm#Protocols).

Decision rationale: For special diagnostics, MTUS/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. The medical file provided for review does not indicate the patient has had prior MRI of the lumbar spine. In this case, given the patient's positive SLR and decreased range of motion on all planes, an MRI for further investigation is reasonable. Therefore, the request for MRI of the lumbar spine is medically necessary and appropriate.