

Case Number:	CM14-0005041		
Date Assigned:	01/22/2014	Date of Injury:	03/19/2013
Decision Date:	06/11/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/14/2013

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 & 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:

This patient is a 23 year old female with a date of injury 03/19/2013. Per the treating physician's progress report dated 08/01/2013, the patient presents with low back pain, left hip pain, and radiation to her left knee and ankle, which the patient injured while stooping down to pick up a bus tray with dishes. The patient has had x-rays of the lumbar spine done, and was treated conservatively including therapy and medications. Pain is located across her waist, and radiates up into her mid-back, left hip, left knee, and ankle. The listed diagnoses are thoracic spine strain/sprain, rule out herniated disk; lumbar spine sprain/strain, rule out herniated disk; left hip sprain/strain, rule out internal derangement. Recommendation was for MRI of the lumbar spine, left hip, thoracic spine, and also a short course of acupuncture for thoracic and lumbar spine. This request was denied by utilization review letter 10/24/2013 with the rationale "objective findings do not show a need for magnetic resonance imaging."

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR MRI OF THE LUMBAR SPINE DOS:9/9/13:

Overtuned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 308-310.

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

Decision rationale: This patient presents with chronic persistent low back pain since 03/19/2013. Symptoms are described in the low back with radiation down the left lower extremity in a distinct pattern down to the ankle. The medical records provided for review indicate the patient has failed to improve with conservative care, and the request is for an MRI of the lumbar spine which was subsequently obtained on 09/09/2013. For MRIs of the lumbar spine, ACOEM Guidelines require unequivocal objective findings that identify specific nerve compromise on the neurologic examination. The ODG Guidelines provide additional discussion regarding obtaining MRIs of the lumbar spine. It is recommended for uncomplicated low back pain with radiculopathy after at least 1 month of conservative therapy. In this case, the patient has persistent pain down the left lower extremity suggestive of radiculopathy. The patient has failed to improve with conservative care. Given the patient's distinct pain down the lower extremity, there is suspicion for neurologic dysfunction such as radiculopathy from stenosis or herniation. The request is medically necessary and appropriate.