

Case Number:	CM14-0101988		
Date Assigned:	07/30/2014	Date of Injury:	12/15/2010
Decision Date:	09/16/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/02/2014

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 & 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 26-year-old male with an injury date of 12/15/2010. According to the 02/12/2014 progress report, the patient has right lower back pain with right leg radiation. He complains of numbness, tingling, and weakness of his right leg. He has a left wrist injury status post (S/P) surgery times two with benefit after the second surgery. His left wrist is limited to lifting less than 10 pounds. He also presents with thoracic back pain, neck pain, and headaches. The patient is status post (S/P) right L4 and L5 transforaminal epidural steroid injection (TFESI) with [REDACTED], which only helped him for a week and then became worse. The patient has had physical therapy, which has not provided any relief for his pain. The 09/04/2013 magnetic resonance imaging (MRI) of the lumbar spine revealed a loss of disk hydration, protrusion, annular tear, abutment of the left L5, facet and ligamentum hypertrophy at L4-L5. This MRI also showed a loss of disk hydration, protrusion, possible annular tear, minimal left lateral recess, and mild foraminal stenosis, facet and ligamentum hypertrophy at L5-S1. The patient has a positive Patrick's and a positive FABERE's test on the right. He has a positive straight leg raise on the right as well as a positive tenderness to palpation. The patient's diagnoses includes lumbar radiculopathy; left wrist fracture status post (S/P) surgery times 2; lower back pain; thoracic back pain; neck pain; HA; right sacroiliac joint (SIJ) arthropathy; and facet arthropathy. The utilization review determination being challenged is dated 06/17/2014. Treatment reports were provided from 01/16/2013 - 02/12/2014.

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: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back (updated 05/12/2014), MRIs (magnetic resonance imaging).

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-TWC), Indications for Imaging, MRIs (http://www.odg-twc.com/odgtwc/low_back.htm#Protocols).

Decision rationale: Based on the 02/12/2014 progress report, the patient presents with lower back pain, neck pain, and headaches. The request is for a magnetic resonance imaging (MRI) of the lumbar spine. The report with the request was not provided. The patient has had a recent MRI on 09/04/2013 and there is no discussion as to why the treater is requesting for another set of MRI. ACOEM Guidelines state, "Equivocal objective findings that identify subjective nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patient's who do not respond to treatment and who will consider surgery an option." The Official Disability Guidelines (ODG) do not support MRIs unless there is a neurologic sign/symptoms present. This patient has radiating pain into his right leg as described on the 02/12/2014 report, which appears to be a new complaint. However, there are no red flags such as progressive weakness, bowel/bladder issues, gait disturbances, etc. Examination findings are not revealing either. Recommendation is not for medical necessity.