

Case Number:	CM14-0105714		
Date Assigned:	09/16/2014	Date of Injury:	08/06/2003
Decision Date:	10/16/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/08/2014

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 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 60 year old female who sustained an injury on 08/06/2003. The mechanism of injury is unknown. Spine note dated 06/09/2014 states the presented with complaints of low back pain with radiation to buttock. On exam, there was no erythema or deformity of the lumbar spine. Lumbar spine range of motion was normal in extension, flexion and side-bending. Physical exam on 6/9/14 showed 4/5 strength in right EHL, peroneal and posterior tibialis. She does have evidence of lumbar nerve root irritation. The patient is diagnosed with lumbar radiculitis. The patient has been recommended for a MRI of the lumbar spine to investigate the patient's lower extremity motor deficit and right foot drop with propensity for tripping due to foot drop. Prior utilization review dated 06/25/2014 by Dr. Kittelberger states the request for Magnetic Resonance Imaging (MRI) Lumbar Spine without Contrast is denied as it is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Imaging (MRI) Lumbar Spine Without Contrast: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 333-796, MRI 378-386.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, MRI (Magnetic resonance imaging)

Decision rationale: According to the ACOEM guidelines, unequivocal objective findings that identify specific nerve compromise on the neurologic examination warrant imaging in patients who do not respond to treatment and to whom surgery is considered an option. The Official Disability Guidelines state that repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, and recurrent disc herniation). Review of the medical records shows foot drop with associated motor deficits that demonstrate significant pathology that may require surgery. The request for lumbar MRI is medically necessary.