

Case Number:	CM14-0017441		
Date Assigned:	05/05/2014	Date of Injury:	01/31/2012
Decision Date:	08/07/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	02/11/2014

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 Occupational Medicine 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 28-year-old female who has submitted a claim for s/p CHI with concussion, post-traumatic migraines, radicular neck pain with torticollis and chronic pain, radicular back pain and strain, right sensorineural hearing loss secondary to TBI, cerebellar ataxia and tremors presumably from TBI, signs consistent with lacunar left brain injury vs. effects of TBI, right shoulder disruption, phenotypic risk for OSA, right thyroid enlargement, PVD, hear murmur, complaints of becoming disoriented outside the home rule out seizure, unreactive pupils to light and minimally reactive pupils to accommodation, and PTSD, depression, and anxiety associated with an industrial injury date of January 31, 2012. Medical records from 2013 were reviewed. Some of them were handwritten and illegible. The patient complained of persistent low back pain. If the patient presses certain areas in her low back, heat travels from the buttocks to the lateral thighs, legs, and feet. Physical examination showed no tenderness and spasm of the paraspinous muscles. Back range of motion was decreased with slight pain. Bulk was reduced on the left calf. Motor strength was normal. Reflexes were 1+ at the right knee, trace at the left knee, 0 at the right ankle, and 1+ at the left ankle. Light touch and pinprick sensation was decreased on the right leg. Imaging studies were not available. Treatment to date has included medications and psychotherapy, chiropractic therapy and activity modification. Utilization review, dated January 15, 2014, denied the request for 1 MRI of the lumbar spine, without contrast. Reasons for denial were not made available.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MAGNETIC RESONANCE IMAGE OF THE LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: As stated on pages 303-304 of the ACOEM Practice Guidelines, 2nd Edition (2004) referenced by California MTUS, imaging of the lumbar spine is recommended in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, failure to respond to treatment, and consideration for surgery. In addition, Official Disability Guidelines recommends MRI for the lumbar spine for uncomplicated low back pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit. In this case, MRI of the lumbar spine was requested to see if there are new structural changes from the assault as opposed to age and work-related spondylosis. In the recent clinical evaluation, the patient still complains of low back pain that radiates to the lower extremities. However, the documentation did not describe any significant worsening of symptoms. There was also no discussion regarding failure to respond to treatment or future surgical plans. Furthermore, the most recent evaluation regarding the lumbar spine is dated September 2013. The current clinical and functional status of the patient is unknown. Therefore, request for 1 magnetic resonance image of the lumbar spine is not medically necessary.