

Case Number:	CM14-0121572		
Date Assigned:	09/16/2014	Date of Injury:	05/07/1991
Decision Date:	10/16/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/01/2014

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 Family Medicine and is licensed to practice in Pennsylvania. 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 application for independent medical review states a date of injury of May 7, 1991. The request for authorization and the primary treating physician's progress report of July 2, 2014 states a date of injury of October, 10, 1989. According to the primary treating physician's progress report on July 2, 2014 this worker was complaining of increased low back pain with pain radiating down her right leg. Over the prior weekend it was so severe that she was seen in the emergency room and provided with a pain injection. She denied any leg weakness or bowel or bladder incontinence. Examination revealed tenderness in the lower lumbar paravertebral musculature. Lumbar spine range of motion was limited. There was decreased sensation to pinprick in the right lower extremity below the knee. Deep tendon reflexes were 2+ and equal bilaterally. Sitting straight leg raise was positive on the right. X-ray of the lumbar spine showed evidence of prior fusion at L5-S1 with pedicle screws in place. It was stated that her last MRI was well over 2 years ago. It was also stated that she may require and benefit from an epidural steroid injection. Authorization was requested for lumbar spine MRI, EMG/NCS of the lower extremities, and 12 sessions of aquatic therapy for the lumbar spine. At a previous visit on June 11, 2014 it was stated that "she has been suffering from an acute exacerbation of low back pain over the last few days with radiation to the left leg." It was stated that "this was severe."

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Spine with gadolinium: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG Low Back (updatedd 7/3/14) MRIs (magnetic resonance imaging) Indications for imaging - Magnetic resonance imaging

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 290, 304, 309.

Decision rationale: The guidelines state that imaging studies should be reserved for cases in which surgery is considered or red flag diagnoses are being evaluated. Red flag signs to be considered in evaluation for a progressive neurological deficit include severe low back pain, progressive numbness or weakness, significant progression of weakness, significant increased sensory loss, new motor weakness, or radicular signs. In this case, the worker was reporting severe low back pain and was experiencing lower extremity numbness with documented decreased tactile sensation. The guidelines also state that imaging test before one month in the absence of red legs is not recommended. In this case there were red flags and there is documentation of at least one month of lumbar radicular symptoms. The documentation indicates that these symptoms are new and should not be assumed to be accounted for on the MRI 2 years previous.