

Case Number:	CM14-0139016		
Date Assigned:	09/05/2014	Date of Injury:	12/19/2013
Decision Date:	11/21/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/27/2014

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 Internal Medicine and is licensed to practice in New York. 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 20 year old male with a date of injury of 12/19/2013. He was sorting packages and picked up a heavy package (60 - 70 pounds) and noted a lumbar strain/sprain. He was treated with medication (Norco, Ibuprofen, cyclobenzaprine) and physical therapy. He was off work for two weeks but the back pain continued. On 05/27/2014 he attended his second physical therapy visit. On 05/28/2014 he continued to have back pain 6/10 and a lumbar MRI was ordered. The low back pain radiated down to midway of his left calf. On 06/06/2014 a request for a lumbar MRI was denied. On 06/17/2014 he had 7/10 low back pain that radiated to his left leg. On 06/18/2014 it was noted that he had low back pain and that physical therapy was discontinued sine he was not compliant. He refused to bend forward or bend back. On 07/08/2014 he had lumbar pain with left leg radiculopathy that was worse. He had left leg weakness and muscle atrophy with difficulty walking. He had an antalgic gait. Straight leg raising was negative. He had decreased lumbar range of motion. Motor, sensory exam and reflexes were normal. He was in moderate distress. On 08/26/2014 he had left sciatica. Straight leg raising was positive. Strength was normal. Reflexes were normal.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Lumbar spine w/o dye: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 287-316..

Decision rationale: The patient had months of limited functionality and continued low back pain with lumbar radiculopathy despite physical therapy, muscle relaxants, opiates and NSAIDS. He has continued lumbar radiculopathy for more than 6 months and is limited by pain. He has evidence of nerve root compression and has failed a protracted course of conservative treatment. An EMG/NCS is not mandatory prior to a MRI in view of the continued sciatica. Although there is no documentation that he has consented for possible surgery, that discussion would be appropriate pending the results of the MRI. The MRI is medically necessary and is consistent with MTUS ACOEM Guidelines. MTUS, ACOEM chapter 12, Low Back Complaints notes on page 310 in table 12-8 that surgical option should be discussed with patients low back pain and severe and persistent sciatica/clinical evidence of nerve root compromise that persists after 4 to 6 weeks of conservative therapy. He has had more than 6 months of lumbar radiculopathy and no surgeon would contemplate surgery without a recent lumbar MRI. The same chapter notes that a few visits of physical therapy are indicated to instruct the patient in a home exercise program and he had at least two visits of physical therapy. That is, the completion of the requested 6 visits that were approved is not needed to preclude a MRI at this point in time.