

Case Number:	CM14-0147188		
Date Assigned:	09/15/2014	Date of Injury:	02/02/2011
Decision Date:	11/07/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	09/10/2014

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, has a subspecialty in Emergency Medicine and is licensed to practice in Florida. 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:

This patient had a date of injury of 02/02/11. A progress report associated with the request for services dated 07/28/14 identified subjective complaints of left buttock and thigh pain for several months. She had some numbness and tingling. Objective findings included decreased sensation and motor weakness. Diagnoses (paraphrased) included left knee pain. No spinal diagnoses were documented. Treatment had included non-steroidal anti-inflammatory drugs (NSAIDs) and oral analgesics. A Utilization Review determination was rendered on 08/14/14 recommending non-certification of "MRI of the lumbar spine.

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, MRIs

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303; 309.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) states that unequivocal objective findings that identify specific nerve compromise on the neurologic

examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery. When the neurologic examination is less clear; however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminate imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. They further note that MRI is recommended when cauda equina, tumor, infection, or fracture is strongly suspected and plain radiographs are negative. In this case, there are no documented unequivocal findings of nerve compromise or evidence of cauda equina syndrome, tumor, infection, or fracture. The injured worker has objective findings of specific nerve compromise, but there has been no acute change in symptoms or documentation for consideration of surgery. Therefore, this request is not medically necessary.