

Case Number:	CM14-0151710		
Date Assigned:	09/19/2014	Date of Injury:	05/16/2001
Decision Date:	10/20/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/16/2014

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, has a subspecialty in Interventional Spine 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 61 year old female with an injury date of 05/16/01. The 08/14/14 report by ■■■ states that the patient presents with left side back pain radiating to the posterior thigh, calf and "illegible". Examination of the lumbar spine reveals the left sacroiliac joint is very tender to palpation. Sensory examination for pain of the lower leg shows light touch, position and vibration of the lower leg is intact except the left anterolateral calf. For the foot, sensory testing for pain, light touch, positions and vibration of the foot is intact, except left plantar and dorsum of the foot. The patient's diagnoses include: 1. Lumbar radiculitis 2. Post laminectomy syndlumbar regions (date unknown) 3. Disorders Sacrum 4. Arthralgia Sacroiliac joint The utilization review being challenged is dated 09/05/14. One treatment reports was provided dated 08/14/14.

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 with and without Contrast between 8/19/2014 and 10/24/2014:
Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, Chronic Pain Treatment Guidelines Low Back - Lumbar and Thoracic (Acute and Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Lumbar & Thoracic

Decision rationale: The patient presents with "left side back pain radiating to the posterior thigh, calf" and "illegible" The treater requests for 1 MRI of the lumbar spine with and without contrast between 08/19/14 and 10/24/14. The treater states on 08/14/14 that this request is to assess recurrent stenosis vs. epidural fibrosis. Only one treatment report was provided. There is no indication in this report of prior MRIs. The utilization review of 09/05/14 references an MRI of December 2012 but it is not clear for which body part. In addition 2 lumbar surgeries are referenced in 2000 and 2012 by the utilization review. ODG guidelines Low Back-Lumbar and Thoracic state that MRIs are "test of choice for patients with prior back surgery, but for uncomplicated low back pain, with radiculopathy, not recommended until after at least one month conservative therapy, sooner if severe or progressive neurologic deficit." In this case, the limited reporting provided does indicate lower back surgery at an unknown date. The patient's symptoms do indicate radiculopathy and the physical examination shows sensory changes in the lower leg and anterolateral calf. Therefore the request is medically necessary.