

Case Number:	CM14-0164712		
Date Assigned:	10/09/2014	Date of Injury:	12/16/2000
Decision Date:	12/12/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/07/2014

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 Pain Management 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 64-year-old male with a date of injury of 12/16/2000. The listed diagnoses per [REDACTED] are: Cervicalgia and Lumbago. According to progress report 08/07/2014, the patient presents with continued low back pain. The patient states, "In the past couple of days, he has been feeling like he has restless leg syndrome at night." Examination finding revealed "Pain with palpation; pain with flexion; flexion 80%, extension 70%." It was noted the patient had antalgic gait. Report on 07/03/2014 states the patient "is still having pain and discomfort in back." Examination findings were identical to report on 08/07/2014. Provider is requesting an MRI of spine. Utilization review denied the request on 10/07/2014. Treatment reports from 03/20/2014 through 09/04/2014 were reviewed

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, MRI

Decision rationale: This patient presents with continued low back pain. The provider is requesting "MRI of the spine." For special diagnostics, ACOEM Guidelines page 303 states "unequivocal objective findings that identify specific nerve compromise on the neurological examination is sufficient evidence to warrant imaging in patients who do not respond well to treatment and who would consider surgery as an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." For this patient's now chronic condition, ODG guidelines provide a good discussion. ODG under its Low back chapter recommends obtaining an MRI for uncomplicated low back pain with radiculopathy after 1 month of conservative therapy, sooner if severe or progressive neurologic deficit. There is no indication that the patient has had an MRI of the lumbar spine based on available reports. However, none of the reports show any neurologic deficits, significant radicular symptoms, any concerns of red flags such as bowel/bladder issues, progressive weakness, and suspicion for infection/tumor/fracture, etc. Therefore, this request is not medically necessary.