

Case Number:	CM14-0169501		
Date Assigned:	10/17/2014	Date of Injury:	05/08/2014
Decision Date:	12/04/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/14/2014

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 Nephrology 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 38-year-old female who has submitted a claim for lumbago, rule out lumbar disc protrusion, rule out lumbar radiculitis versus radiculopathy, left ulnar nerve entrapment, rule out left lateral epicondylitis, and rule out left carpal tunnel syndrome associated with an industrial injury date of 5/8/2014. Medical records from 2014 were reviewed. Patient complained of occasional lumbar spine pain characterized as moderate, achy, stabbing and throbbing, with numbness and tingling sensation. Patient likewise experienced left elbow and left wrist pain described as burning and throbbing. Physical examination of the lumbar spine showed tenderness and normal range of motion. Examination of the left wrist and left elbow showed no bruising, swelling, and atrophy. Range of motion was painful. Treatment to date has included medications such as Flexeril, naproxen, omeprazole, Tylenol, and topical creams (since May 2014). Utilization review from 10/1/2014 denied the retrospective request for MRI of the lumbar spine because of absence of red flag signs or progressive neurologic abnormality to warrant such testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI, Lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Section, MRI

Decision rationale: As stated on pages 303-304 of the ACOEM Practice Guidelines referenced by CA MTUS, imaging of the lumbar spine is recommended in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise, failure to respond to treatment, and consideration for surgery. In addition, Official Disability Guidelines recommends MRI for the lumbar spine for uncomplicated low back pain, with radiculopathy, after at least 1 month of conservative therapy, sooner if severe, or progressive neurologic deficit. In this case, patient complained of occasional lumbar spine pain characterized as moderate, achy, stabbing and throbbing, with numbness and tingling sensation. Physical examination of the lumbar spine showed tenderness and normal range of motion. However, medical records submitted for review failed to document comprehensive neurologic examination to characterize presence of red flag signs. There was no worsening of subjective complaints and objective findings that may warrant further investigation by utilizing MRI. It was likewise unclear what conservative management had been given in this case. Therefore, the request for MRI of the Lumbar Spine is not medically necessary.