

Case Number:	CM14-0173302		
Date Assigned:	10/24/2014	Date of Injury:	08/19/2014
Decision Date:	12/03/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/20/2014

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 and 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 34 year old male with an injury date on 08/19/2014. Based on the 09/09/2014 progress report provided by [REDACTED], the diagnoses are: 1. Muscle spasm back2. Sprain and strain lumbar3. Pain- back4. Lumbar radiculopathy According to this report, the patient complains of "more pain to right lower back with radiating pain down right leg." The patient describes the symptom(s) as sharp, tingling and numbness that are moderately severe and extremely severe. Physical exam reveals tenderness and spasm at the thoracolumbar spine and paravertebral musculature. Lumbar range of motion is restricted. Straight leg raise test is positive. The treating physician states "Since last exam patient's condition has worsened." There were no other significant findings noted on this report. The utilization review denied the request on 10/01/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 08/19/2014 to 09/09/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective MRI of lumbar spine: Overturned

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

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 chapter; Magnetic resonance imaging

Decision rationale: According to the 09/09/2014 report by [REDACTED] this patient presents with "more pain to right lower back with radiating pain down right leg. "The treater is requesting a prospective MRI of lumbar spine "to r/o HNP" and "patient's condition has worsened." Regarding MRI study, ODG recommends obtaining an MRI for uncomplicated low back pain with radiculopathy after 1 month of conservative therapy, sooner if severe or progressive neurologic deficit. Review of reports does not show that the patient had prior MRI of the lumbar spine. In this case, the patient presents with radicular pain down the leg and positive straight leg raise. Given the patient's persistent radicular symptoms, a neurologic sign/symptom, and failure of conservative care, an MRI would be consistent with the guidelines. The request is medically necessary.