

Case Number:	CM14-0179770		
Date Assigned:	11/04/2014	Date of Injury:	01/26/2011
Decision Date:	12/15/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/29/2014

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 61-year-old female with a date of injury of 01/26/2011. The listed diagnosis is lumbar sciatica. According to progress report 09/19/2014, the patient has constant pain in the lower back with prolonged sitting and lying down. The patient reports trouble sleeping and chiropractic treatments give him some relief. Physical examination was deferred. Report 08/29/2014 notes the patient has a flare-up. The patient has reported chiropractic treatment provides 50% relief. Physical examination was again not provided. Report 07/16/2014 states the patient has continued low back pain over the left hip and sciatica areas. Examination of the lumbar spine notes "tenderness present when palpating the spinous processes. All the other examination findings were within normal limits. This is a request for MRI of the lumbar spine. Utilization review denied the request on 10/01/2014. Treatment reports from 06/18/2014 through 09/19/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: 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 with radicular symptoms and weakness, 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. In this case, the physician does not discuss rationale for the request. There is no surgical consult or evaluation pending. There are no new injuries, no significant changes in examination, any bowel/bladder symptoms, or new location of symptoms that would require additional investigation. The requested repeat MRI of the lumbar spine is not medically necessary.