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| Case Number: | CM14-0183290 | | |
| Date Assigned: | 11/10/2014 | Date of Injury: | 07/10/2009 |
| Decision Date: | 12/26/2014 | UR Denial Date: | 09/30/2014 |
| Priority: | Standard | Application Received: | 11/04/2014 |

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 38 year old male with an injury date on 07/10/09. Based on the 09/10/14 progress report provided by treating physician, the diagnoses are lumbago, lumbosacral Neuritis Nos and Int Derangement Knee Nos. According to this report, the patient complains of constant pain in the low back. "There is radiation of pain into the lower extremities." The pain scale is a 7/10. Exam findings show palpable para-vertebral muscle tenderness with spasm. Seated nerve root test is positive. Lumbar spine ROM is guarded and restricted. There were no other significant findings noted on this report. The utilization review denied the request on 09/30/14. The requesting provider provided treatment reports from 05/12/14 to 09/29/14.

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: Overturned

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

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 09/10/14 report, this patient presents with low back pain that radiates to the lower extremities with sharp pain. The physician is requesting MRI of the lumbar spine. The UR denial letter states the request is denied; however, further consideration will be given with proper documentation. ODG guidelines support MRI when radiculopathy persists despite conservative care. When neurological signs or symptoms are present, an MRI may be reasonable given the suspicion for radiculopathy. Review of reports does not show evidence of prior lumbar MRI. In this case, the patient presents with radicular pain, positive Seated nerve root test, and Lumbar spine ROM is restricted. Given the patient's persistent radicular symptoms and neurological signs/symptoms, an MRI would be consistent with the guidelines. Recommendation is for authorization.