

Case Number:	CM14-0029836		
Date Assigned:	06/20/2014	Date of Injury:	10/16/2012
Decision Date:	08/08/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/10/2014

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 Chiropractic, 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 records presented for review indicate that this 48-year-old female was reportedly injured on October 16, 2012. The mechanism of injury was noted as a trip and fall. The most recent progress note, dated April 24, 2014, indicated that there were ongoing complaints of bilateral knee pain and low back pain. Current medications included naproxen, omeprazole, hydrocodone, and losartan. The physical examination demonstrated tenderness along the lumbar spine paravertebral muscles with minimal evidence of hypertonicity. There were decreased lumbar spine range of motion and a positive bilateral straight leg raise test at 30 degrees without radicular symptoms. There was decreased sensation at the left sided L1 dermatome. The examination of the left knee noted diffuse joint line tenderness bilaterally and no signs of instability. Range of motion was from 0 to 110 degrees. An x-ray of the lumbar spine noted disc space narrowing at L5-S1. Previous treatment included physical therapy and an MRI of the left knee as well as a left knee arthroscopy performed on April 26, 2013. A request had been made for an MRI of the lumbar spine without contrast and was not certified in the pre-authorization process on February 22, 2014.

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 without contrast: Overturned

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): 304.

Decision rationale: According to the most recent progress note, dated April 24, 2014, the injured employee has failed to improve with conservative measures including oral medications and physical therapy. Furthermore, there were complaints of left lower extremity radicular symptoms, which are corroborated by objective findings on physical examination. For these reasons, this request for an MRI the lumbar spine is medically necessary.