

Case Number:	CM14-0031358		
Date Assigned:	04/09/2014	Date of Injury:	01/18/2012
Decision Date:	05/28/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	01/31/2014

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 37-year-old male with a date of injury of 10/18/2012. The listed diagnoses per the provider are: contusion left leg and thigh, low back pain, rule out acute chondromalacia patella, hematoma on thigh. The patient has positive piriformis signs. According to report dated 12/04/2013, the patient presents with complaints of neck, lower back, bilateral legs, and abdominal pain. The examination of the lumbar spine revealed thoracic kyphosis, level iliac crest, and marked spasm of the paravertebral muscles with left significantly worse than right. There are also trigger points noted over the left. Range of motion is decreased. Sciatic notch is positive on the left and straight leg raise is 60/60. Sensation to light touch and pinprick as tested by Wartenberg pinwheel are within normal limits. There are no sensory deficits noted. X-rays were taken on this date of the lumbar spine, which were within normal limits. X-ray of the lumbar spine from 10/19/2012 revealed negative series. The treating provider recommends an MRI (magnetic resonance imaging) scan of the lumbar spine to rule out internal derangement versus herniated nucleus pulposus.

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, Chapter 13 Knee Complaints Page(s): 303, 341-343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, MRI

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: This patient presents with continued complains of neck, lower back, bilateral legs, and abdominal pain. The treating provider is requesting an MRI (magnetic resonance imaging) of the lumbar spine for further investigation. For special diagnostics, the ACOEM Guidelines state "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, Official Disability Guidelines (ODG) provides a good discussion. The 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 the reports show that this patient has not had a prior MRI. Given the patient's radicular symptoms and positive examination findings, recommendation is for authorization.