

Case Number:	CM14-0045468		
Date Assigned:	06/27/2014	Date of Injury:	10/09/2013
Decision Date:	08/21/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	04/01/2014

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 Anesthesiology has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 60-year-old female with a 10/9/13 date of injury. The mechanism of injury was when the patient was standing on the top step of her semi-truck adjacent to the driver's door, and stepped back thinking she was on the bottom step. Unfortunately, she was not on the lower step and fell to the ground, landing on her left leg, twisting her left knee, landing on her left buttock and back. According to a 1/10/14 progress note, the patient complained of neck pain, lower back pain, left buttock pain, and left leg paresthesias. The patient's primary complaint is unresolved neck pain. Neck pain averages 8 on a 10 scale in severity, and is more prominent on the left side. Her low back pain is constant, averaging 5-6 on a 10 scale in severity. The patient also reported intermittent paresthesias along the lateral aspect of the left knee and proximal lateral aspect of the left lower leg. Objective findings: pain on palpation along the posterior, cervical, paraspinal, upper trapezius, and levator scapulae musculature. Musculature guarding and spasms were noted in the lower posterior cervical paraspinal, upper trapezius, and levator scapulae musculature, palpation over the lumbar and lumbosacral paraspinal musculature produced moderate to marked tenderness. Diagnostic impression: cervical sprain/strain, lumbar sprain/strain injury, left buttock hematoma, left leg contusion with clinical suggestion of common peroneal neuropathy at the fibular head. Treatment to date: medication management, physical therapy, activity modification. A UR decision dated 3/4/14 denied the request for lumbar MRI. In the medical reports reviewed, there is no clear indication of lumbar radiculopathy. Therefore, there are no clear objective signs that identify a specific nerve compromise. Outcome following conservative therapy is not available.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304, Chronic Pain Treatment Guidelines Low Back Complaints Chapter. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter MRI.

Decision rationale: CA MTUS supports imaging of the lumbar spine in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, failure to respond to treatment, and consideration for surgery. In a 12/3/13 progress note, the patient stated that there is no numbness or tingling of the lower extremities. It was noted that there was no radiculopathy upon review of prior diagnostic studies. Sensation was intact to light touch and pinprick in all dermatomes of the left and right lower extremities. In addition, X-ray results from 10/14/13 of the lumbar spine were normal. There is no documentation as to failure of conservative management. It is unclear as to why a lumbar MRI is being requested for this patient. Therefore, the request for lumbar MRI was not medically necessary.