

Case Number:	CM14-0053177		
Date Assigned:	07/07/2014	Date of Injury:	02/01/2013
Decision Date:	08/28/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/21/2014

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 Occupational Medicine 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:

This is a 48-year-old male with a 2/1/13 date of injury. The injury occurred when the patient was about to start work and he was assaulted by three men; he lost consciousness. According to the 3/12/14 progress report, the patient complained of pain that affected his lumbar spine and neurological and psyche problems. Objective findings included an examination of lumbar spine revealing normal strength 5/5 at L4 and L5 nerve roots bilaterally and right S1 nerve root and 4/5 strength in the left S1 nerve root, normal sensation 5/5 at L4 nerve distribution bilaterally, L5 and S1 nerve distributions on the right and decreased sensation 4/5 at left L5 and S1 nerve distributions, Kemp sign was positive. Diagnostic impression of status post blunt head trauma with associated cephalgia, cervical spine sprain/strain with radiation to the upper extremities, thoracic strain, bilateral wrists sprain, right knee sprain, post-traumatic stress disorder, facial trauma. Treatments to date were medication management and activity modification. A UR decision dated 3/27/14 denied the request for Lumbar MRI. The patient complained of pain to the lumbar spine. However, no objective clinical documentation was submitted for review indicating failure of conservative treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI with IV contrast Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

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. Although it is documented that the patient had nerve compromise on examination, there were no x-rays provided for review. In addition, the patient has not had physical therapy yet and has only had medications for the relief of his pain. He has not yet tried other methods of conservative therapy. Therefore, the request for MRI with IV contrast Lumbar Spine is not medically necessary.