

Case Number:	CM14-0054532		
Date Assigned:	07/07/2014	Date of Injury:	01/17/2014
Decision Date:	09/05/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	04/23/2014

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:

There are complains of dull, achy cervical pain that becomes sharp with increased activity with stiffness/spasm/headaches per 2/27/14 report. Patient also has low lumbar pain with weakness in lower extremities, and difficulty going from sitting to standing per 2/27/14 report. Based on the 2/27/14 progress report provided by [REDACTED] the diagnoses are: 1. Cervical spine myoligamentous injury, rule out herniated nucleus pulposus. 2. Post traumatic headaches. 3. Lumbar spine myoligamentous injury, rule out herniated nucleus pulposus. 4. Secondary sleep deprivation. 5. Left thumb contusion. 6. Secondary stress Exam on 1/21/14 showed "L-spine range of motion reduced by 70% in all planes. No numbness in legs. Sensory exam normal. Motor strength 5/5." [REDACTED] is requesting MRI of the lumbar spine completed on 3/9/14 Qty: 1. The utilization review determination being reviewed is dated 4/21/14 and rejects request as patient does not have radiculopathy along a specific dermatomal distribution. [REDACTED] is the requesting provider, and he provided treatment reports from 1/21/14 to 7/3/14.

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 completed on 3/09/14 QTY: 1: Overturned

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

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) Lower Back, Protocols.

Decision rationale: This patient presents with neck pain, lower back pain, and lower extremity weakness. The provider has asked for MRI of the lumbar spine completed on 3/9/14 Qty: 1. Review of the reports does not show any evidence of MRIs being done in the past. For uncomplicated low-back pain MRI's, ODG guidelines require documentation of radiculopathy, not responding to conservative care, prior surgery or caudal equine. In this case, the patient has failed conservative treatment (including chiropractic treatment and medication) and has persistent radicular symptoms. The requested lumbar MRI to investigate specific nerve compromise seems reasonable in this patient's case. Recommendation is for medically necessary.