MAXIMUS Federal Services

Case Number:	CM14-0061939		
Date Assigned:	07/11/2014	Date of Injury:	08/07/2012
Decision Date:	09/08/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	05/04/2014

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:

The patient is a 64-year-old female who has submitted a claim for lumbar sprain/strain, cervical sprain/strain, bilateral shoulder strain with impingement, and right knee patellofemoral arthralgia; associated with an industrial injury date of 08/07/2012.Medical records from 2013 to 2014 were reviewed and showed that patient complained of low back pain radiating to the lower extremities. Physical examination showed tenderness and guarding. Straight leg raise test was positive bilaterally. Yeoman's and Gaenslen's tests were positive bilaterally. Range of motion of the lumbar spine was decreased. Sensation was decreased in the bilateral lower extremities over the L5 and S1 nerve root distribution.Treatment to date has included medication, physical therapy, acupuncture, vitamin B12 injection, and epidural steroid injection.Utilization review, dated 04/09/2014, denied the request for MRI of the lumbar spine because there was no documented evidence of severe and/or progressive neurologic deterioration since prior lumbar MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF LUMBAR SPINE: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 12. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back chapter, Magnetic resonance imaging.

Decision rationale: As stated on pages 303-304 of the ACOEM Practice Guidelines referenced by CA MTUS, imaging of the lumbar spine is recommended in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise, failure to respond to treatment, and consideration for surgery. According to the ODG, magnetic resonance imaging (MRI) is indicated for uncomplicated low back pain with radiculopathy after at least 1 month conservative therapy, or sooner if severe or progressive neurologic deficit. In this case, the patient complains of low back pain with radicular symptoms despite medications, physical therapy, and acupuncture. Physical examination showed tenderness and spasms, hypoesthesia over the L1 and S1 distribution, and positive SLR, Yeoman's and Gaenslen's tests. However, 4/25/13 medical reports stated that a lumbar epidural steroid injection had failed to help because of the patient's allergies to steroids, and also stated that the patient was not a surgical candidate at this time but will probably be in the future. Lumbar x-rays showed anterolisthesis of 8mm L4 over L5. A 2/13/14 medical report stated that the patient was inquiring about surgery having had low back pain with leg pain and numbness for greater than 4-6 weeks and if a lumbar MRI shows a correctable surgical lesion then surgery will be considered. Therefore, the request for MRI of lumbar spine is medically necessary.