

Case Number:	CM14-0078173		
Date Assigned:	07/18/2014	Date of Injury:	10/19/2010
Decision Date:	10/27/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	05/28/2014

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 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 underlying date of injury in this case is 10/19/2010. The date of the initial utilization review under appeal is 05/13/2014. On 07/30/2014, the patient was seen in physician followup with ongoing left buttock pain and pain radiating to the left calf and foot. The patient was noted to have diminished sensation in the left calf and the dorsum and plantar portion of the foot. The patient also was noted to have 4/5 strength in the left extensor hallucis longus, gastrocnemius, and posterior tibialis. The office notes indicate that a decision was pending regarding surgical authorization. Previously on 04/10/2014, the patient was seen in spine surgical evaluation for symptoms of low back pain with radiation to the left lower extremity. The patient had left-sided weakness in the extensor hallucis longus as well as the posterior tibialis. The treating physician noted that, given the severity and progression of neurological deficits, a lumbar MRI was indicated, noting that the last MRI was done in 2011 and there was clear evidence of multiple-level stenosis and compression of the nerve roots at that time. An initial physician review of 05/13/2014 noted that the only clinical information provided was an illegible handwritten note and, therefore, was not possible to support a lumbar MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Magnetic Resonance Imaging (MRI) of the Lumbar Spine without contrast, as outpatient:
Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: ACOEM guidelines Chapter 12, Low back, page 303, states that unequivocal objective findings on the neurological exam to identify specific nerve compromise are sufficient for imaging in patients who would consider surgery an option. The medical records in this case include a detailed spine surgeon evaluation noting a change in the patient's motor and sensory examinations, corresponding with a probable lumbar radiculopathy, for which imminent surgery has been proposed. The initial physician reviewer apparently had only limited physician notes available, and for that reason the initial physician review did not certify an MRI. The medical records do clearly document a change in the patient's clinical status, compared with a prior MRI. For this reason the requested lumbar MRI at this time is supported by the treatment guidelines. This request is medically necessary.