

Case Number:	CM14-0098704		
Date Assigned:	07/28/2014	Date of Injury:	03/02/2014
Decision Date:	09/30/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/27/2014

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 Orthopedic Surgery, 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 female with a 3/2/14 date of injury. The mechanism of injury occurred when she fell forward while passing through a doorway. According to a progress noted dated 8/7/14, the patient complained of right low back pain radiating down the right leg and neck pain radiating down the right arm and shoulder. Objective findings: tenderness of the right knee with numbness and pain, decreased sensation in the right leg, right leg weakness 4/5 limited somewhat by pain, tenderness and spasms in the neck, cervical, trapezius, and lumbar paraspinal muscles towards the right. Diagnostic impression: lumbar radiculopathy, cervical radiculopathy, right knee contusion. Treatment to date: medication management, activity modification, physical therapy. A UR decision dated 6/3/14 denied the request for MRI of the lumbar spine. Insufficient objective findings consistent with radiculopathy are documented on physical exam. No previous EMG or h-reflex studies are documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient MRI of the Lumbar Spine without contrast: Upheld

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

Decision rationale: MTUS Guidelines 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. According to the reports reviewed, there is no documentation of specific nerve compromise noted on physical examination. In addition, there is no discussion regarding prior imaging. There were no plain films provided for review. Furthermore, there is no documentation as to failure of conservative management. Therefore, the request is not medically necessary.