

Case Number:	CM14-0098790		
Date Assigned:	07/28/2014	Date of Injury:	01/17/2011
Decision Date:	08/29/2014	UR Denial Date:	06/19/2014
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 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 62 year old female with a date of injury 1/17/2011 when she fell onto her right side and fell down a flight of stairs. On a 5/29/2014 progress report she complained of 8/10 lumbar pain, radiating down to her right foot. She was noted to have decreased lumbar spinal flexion and extension, and was noted to be unable to toe or heel walk. A neurology consultation progress note on 6/9/2014 noted the patient to have tenderness to palpation in the lumbar paraspinals but otherwise had a normal neurological examination. Additionally, she has had normal bilateral lower extremity EMG examinations dated 6/9/2014. Diagnostic Impression: Lumbosacral neuritis. Treatment to date: medication management. A UR decision dated 6/18/14 denied the request for a lumbar spine MRI. The patient has had a progressive, slow decline and has not had any acute neurological changes. It noted that the patient's surgeon in pre-operative planning may not have been aware of MRI of the lumbar spine performed in 12/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

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. However, the patient furthermore has had a slow functional decline over several years. Progress notes documenting physical examinations from 5/29/14 and 6/9/14 are highly inconsistent but both do not demonstrate evidence of nerve compromise. Specifically, she was noted on 6/9/14 to have negative straight leg raises bilaterally, normal motor function of bilateral lower extremities, as well as normal DTRs throughout. Furthermore, bilateral lower extremity EMG performed on 6/9/14 were normal. Additionally, a lumbar spine MRI has already been performed in 12/13. Therefore, the request for 1 MRI of the lumbar spine was not medically necessary.