

Case Number:	CM14-0008867		
Date Assigned:	02/14/2014	Date of Injury:	05/27/2012
Decision Date:	03/26/2015	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/23/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 71-year-old male with a 5/27/12 date of injury to the low back and hip. The patient slipped and fell on the left side, with a contusion to the left shoulder, low back, left hip, left knee, and leg. 12/17/13 Progress note documented low back pain with prolonged sitting and in the morning; residual left hip pain radiating to the left leg, with residual overall mobility limitation. There were paraspinal spasms positive bilateral lumbar facet maneuver; and left SI joint tenderness with positive left S1 joint stress test. SLR was positive bilaterally. Lumbar MRI was requested. 11/12/13 Progress note documented low back pain with muscular loss on the left in hip flexor, left quadriceps, left ankle, and 4+/5 muscle strength on the left adductor with pain. There was global sensory loss in the left lower extremity. Gait was normal. It was noted that surgery was recommended for the right hip. 6/27/13 EMG/NCV test was consistent with left superficial peroneal neuropathy with axonal loss; no evidence for left lumbosacral radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI SCAN OF THE LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG GUIDELINES LOW BACK: INDICATIONS FOR IMAGING

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter

Decision rationale: Medical necessity for the requested MRI is not established. This request obtained an adverse determination due to lack of focal neurological deficits on physical examination. 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. A progress note following the adverse determination was provided and dated 12/17/12. However, there were no unequivocal objective findings that identify specific nerve compromise on the neurologic examination. Furthermore, EMG/NCV studies were unremarkable for lumbar radiculopathy. Recommend non-certification.