

Case Number:	CM14-0138089		
Date Assigned:	09/05/2014	Date of Injury:	01/09/2013
Decision Date:	03/02/2015	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/25/2014

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

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 35 year old female who suffered an industrial related injury on 1/9/13. A physician's report dated 5/5/14 noted the injured worker suffered injury to her low back, bilateral shoulders, and bilateral hands. The injured worker received physical therapy, shock wave therapy, and acupuncture treatments. A physician's report dated 5/22/14 noted the injured worker had not worked since January 2013. The injured worker was taking Advil and Acetaminophen. Physical examination findings included decreased lumbar spine range of motion, a positive right straight leg raise, normal hip range of motion, and diminished sensation in the L5 and S1 nerve root distributions in the right lower extremity. Diagnoses included lumbar spine strain/sprain, lumbar radiculopathy, adjustment disorder, insomnia, idiopathic peripheral autonomic neuropathy, and an unspecified disorder of autonomic nervous system. On 7/31/14 the utilization review (UR) denied the request for a MRI of the lumbar spine. The UR physician noted the injured worker did not present with a significant neurologic dysfunction. There was no evidence of a physiologic study being done showing evidence of radiculopathy therefore the request was not certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Lumbar Spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back (Updated 7/3/14) MRIs Indications for Imaging

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low back chapter, MRIs

Decision rationale: The patient presents with right low back pain radiating to right lower extremity. The request is for MRI OF THE LUMBAR SPINE. Straight leg raise is positive on the right. The patient's current medications include Terocin, Flurbi (NAP), Gabaclotram, Genicin and Somnicin. Pain is reduced to 5/10 with and is 7/10 without medications. Patient is not working. ODG guidelines, Low back chapter, MRIs (magnetic resonance imaging) (L-spine) state that "for uncomplicated back pain MRIs are recommended for radiculopathy following at least one month of conservative treatment." ODG guidelines further state the following regarding MRI's, Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). Per progress report dated 05/22/14, treater's reason for the request is to confirm suspected disc protrusion. It would appear that the patient went ahead and had the MRI done on 6/7/14 without authorization. Given the patient's radiating symptoms into the leg, a neurologic finding and failure of conservative care, an MRI to rule out disc herniation or other condition appears reasonable, and consistent with the guidelines. The request IS medically necessary.