

Case Number:	CM14-0191628		
Date Assigned:	11/25/2014	Date of Injury:	01/14/2011
Decision Date:	01/13/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/17/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 64 year old patient with date of injury of 01/14/2011. Medical records indicate the patient is undergoing treatment for lumbar radiculitis and bilateral knee pain. Subjective complaints include mid back, lower back, bilateral knees and foot pain with numbness and tingling to both legs, weakness bilateral legs and feet, pain 4-7/10 described as cutting, throbbing and pressure with electric like muscle pain; pain aggravated with forward and backwards bending, kneeling, stooping, crawling, activity, bowel movements, prolonged sitting, standing and walking. Objective findings include lumbar range of motion: forward flexion 45 degrees, extension 10, side bending 20 degrees bilaterally; tenderness to palpation over bilateral lumbar paraspinal muscles, no sciatic notch tenderness or gluteal spasm, positive lumbar facet loading maneuver bilaterally, negative straight leg raise and Stork's test, positive Patrick's and Gaenslen's maneuver; bilateral knee full range of motion, and tenderness to palpation over the right medial joint lines. MRI of lumbar spine from 05/12/2011 revealed lower back stenosis. MRI of left knee on 02/22/2011 revealed contusion of the knee. Treatment has consisted of physical therapy, chiropractic treatment, TENS unit, acupuncture, Codeine, Oxycodone, Oxycontin, Tramadol, Naproxen, Omeprazole, Mentherm cream and Flector patches. The utilization review determination was rendered on 10/28/2014 recommending denial of MRI Lumbar.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Lumbar: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging)

Decision rationale: MTUS and ACOEM recommend MRI, in general, for low back pain when "cauda equine, tumor, infection, or fracture are strongly suspected and plain film radiographs are negative, MRI test of choice for patients with prior back surgery" ACOEM additionally recommends against MRI for low back pain "before 1 month in absence of red flags". ODG states, "Imaging is indicated only if they have severe progressive neurologic impairments or signs or symptoms indicating a serious or specific underlying condition, or if they are candidates for invasive interventions. Immediate imaging is recommended for patients with major risk factors for cancer, spinal infection, cauda equina syndrome, or severe or progressive neurologic deficits. Imaging after a trial of treatment is recommended for patients who have minor risk factors for cancer, inflammatory back disease, vertebral compression fracture, radiculopathy, or symptomatic spinal stenosis. Subsequent imaging should be based on new symptoms or changes in current symptoms." The medical notes provided did not document (physical exam, objective testing, or subjective complaints) any red flags, significant worsening in symptoms or other findings suggestive of the pathologies outlined in the above guidelines. As such, the request for MRI Lumbar is not medically necessary.