

Case Number:	CM14-0201365		
Date Assigned:	12/11/2014	Date of Injury:	10/26/2000
Decision Date:	01/28/2015	UR Denial Date:	11/01/2014
Priority:	Standard	Application Received:	12/02/2014

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 Emergency 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:

The injured worker is a 46 year old female with a date of injury as 10/26/2000. The cause of the injury was not included in the documentation received. The current diagnoses include chronic low back pain, lumbar disk injury, right lumbosacral radiculopathy, right trochanteric bursitis, and chronic pain syndrome. Previous treatments include oral medications and topical medications. Primary treating physician's reports dated 05/29/2014 through 11/18/2014 were included in the documentation submitted for review. Report dated 11/18/2014 noted that the injured worker presented with complaints that included increased right low back pain and right leg pain, low back spasms, bilateral foot numbness and tingling, right leg numbness, and left foot pain. Only a partial physical examination for this date was provided which included trigger points palpated in the lumbosacral paraspinal muscles, right greater than left. Tenderness, tightness, and spasms of bilateral paraspinal muscles and positive right seated straight leg raise. Documentation submitted supports that the positive right straight leg was a new finding on the 10/17/2014 report although there is no actual prior straight leg raise testing documented in any of the prior progress notes. Patient has had several persistently positive illicit drug(methamphetamine) positive drug screens. All the primary treating physician reports submitted notes that the physician felt that the MRI was necessary due to "worsening" low back pain over 6months despite not having any objective change in pain or exam. There were no reports or mention of prior imaging performed. The injured worker is permanently disabled. The utilization review performed on 11/01/2014 non-certified a prescription for 1 MRI of the lumbar spine based on no documentation to support specific nerve compromise on examination or failed conservative treatments. The reviewer referenced the ACOEM guidelines and Official Disability Guidelines in making this decision.

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: Upheld

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 - Lumbar & Thoracic (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304, 309.

Decision rationale: As per ACOEM Guidelines, imaging studies should be ordered in event of "red flag" signs of symptoms, signs of new neurologic dysfunction, clarification of anatomy prior to invasive procedure or failure to progress in therapy program. Patient does not meet any of these criteria. There is no documented red flag findings in complaints or exam. There is noted new neurologic dysfunction except for potential straight leg raise. There was no provided imaging reports on this patient with chronic back pain and history of prior imaging. There is no documentation of any failure at a therapy program or conservative medication treatment. Patient has had "Worsening" back pain for 6months with no actual documented objective worsening in pain or function. MRI of lumbar spine is not medically necessary.