

Case Number:	CM14-0202825		
Date Assigned:	12/15/2014	Date of Injury:	05/28/2013
Decision Date:	02/05/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/04/2014

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 Physical Medicine Rehab, has a subspecialty in Interventional spine 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 patient is a 52 year old female with an injury date of 05/28/13. Based on the 09/23/14 progress report, the patient complains of constant sharp lower back pain with numbness/tingling and rates her pain as a 4/10. The patient has a limited ROM to her cervical spine and lumbar spine. She also complains of blurry vision. Based on the 08/07/14 progress report, the patient complains of left knee pain with weakness, lumbar spine pain is severe/constant and cervical spine is achy/constant with a pain level of 4/10, and pain is radiating to the left hip and thigh. Based on the 06/26/14 progress report, the patient complains of frequent neck pain with pain radiating to her upper back with pain level of 5/10. She has constant stabbing pain in the low back, with pain down left leg, and a pain level is 6/10. She has tingling (pins and needles) and weakness in the left leg, in addition, the patient experiences headaches, dizziness, difficulty sleeping, depression and anxiety. The patient's diagnoses includes the following: 1. Lumbago 2. Lumbar radiculitis 3. Enthesopathy of knee The utilization review determination being challenged is dated 11/26/14. Treatment reports were provided from 03/05/14-09/23/14.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Low

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

Decision rationale: The patient presents with constant sharp lower back pain with numbness/tingling, left knee pain with weakness, and cervical spine pain. The request is for an MRI of the lumbar spine. For special diagnostics, ACOEM Guidelines page 303 states, "Unequivocal objectives that identifies specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond well to treatment and who would consider surgery an option. A neurological examination is less clear; however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." ODG Guidelines low back chapter MRI topic, state that, "MRIs are tests of choice for patients with prior back surgery, but for uncomplicated low back pain, with radiculopathy, not recommended until after at least 1 month of conservative therapy, sooner if severe or progressive neurologic deficit. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g. tumor, infection, fracture, nerve compression, recurrent disk herniation)." The treater does not provide any reason for the request. There is no indication of the patient having any prior MRI of the lumbar spine. The patient has been having lumbar spine pain with pain going down the left leg as early as 03/05/14. He has a constant sharp lower back pain with numbness/tingling and a limited ROM. She has had at least 8 sessions of physical therapy from 08/11/14- 09/10/14. There is no indication of how the physical therapy impacted the patient's pain and function. Given that the patient has had one month of conservative therapy and continues to have sharp lower back pain with numbness/tingling, an MRI appears reasonable. The requested MRI of the lumbar spine is medically necessary.