

Case Number:	CM14-0202893		
Date Assigned:	12/15/2014	Date of Injury:	04/16/2009
Decision Date:	02/05/2015	UR Denial Date:	11/04/2014
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 Pain Management 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 40-year-old female with a date of injury of 04/16/2009. According to treatment report dated 10/27/2014, the patient presents with complaints of head, neck, bilateral shoulder, chest wall, bilateral upper extremity, midback, low back, bilateral buttock, and primarily right lower extremity pain. The patient was injured in a motor vehicle accident in 2009 and has been treated with conservative care including rest, medications, physical therapy as well as injections. Examination of the lumbar spine revealed myofascial tenderness over the lumbar paraspinal muscles with hyperalgesia over the right gluteal musculature. Her reflexes were 2+ and symmetric. The patient noted numbness in a non-dermatomal distribution of the right lower extremity. The patient's current medication regimen includes Norco 10/325 mg, tramadol 50 mg, and Zomig 5 mg. The listed diagnoses are: 1. Rule out cervical degenerative disk disease. 2. Rule out lumbar degenerative disk disease. 3. Possible right upper extremity and right lower extremity radiculopathy. 4. Diffuse regional myofascial pain. 5. History of closed head injury. 6. Chronic pain syndrome with both sleep and mood disorder. 7. Temporomandibular joint disorder (industrial). The treating physician notes that the patient has had a medical-legal evaluation which identified that the patient needed further diagnostic testing to explain the ongoing neck and low back pain. Recommendation was made for a cervical MRI, lumbar MRI, and consultation with [REDACTED], physical therapy, and psychology evaluation. The patient remains temporarily totally disabled. This is a request for MRI of the lumbar spine. The utilization review denied the request on 11/04/2014.

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 Page(s): 303-305.

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: This patient presents with chronic neck and low back pain. The current request is for MRI of the lumbar spine. The utilization review denied the request stating that there was no evidence of tissue insult or nerve impairment and there was no documentation of any significant red flags for serious pathology. For the MRI of the lumbar spine, ACOEM Guidelines page 303 states "unequivocal objective findings that identify specific nerve compromise on the neurological examination is sufficient evidence to warrant imaging in patients who do not respond well to treatment and who would consider surgery as an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." For this patient's now chronic condition, the ODG guidelines provide a thorough discussion. ODG under its low back chapter recommends obtaining an MRI for uncomplicated low back pain with radiculopathy after 1 month of conservative therapy, sooner if severe or progressive neurologic deficit. Review of progress reports from 07/25/2014 through 10/27/2014 and QME report from 08/04/2014 and 09/23/2014 provide no discussion regarding prior MRI of the lumbar spine. The patient has been treated with conservative care including rest, medications, physical therapy and injections and continues with pain in the low back, bilateral gluteal and right leg. Given the patient's continued low back pain and hyperalgesia, an MRI for further investigation is within ACOEM and ODG guidelines. The requested MRI is medically necessary.