

Case Number:	CM14-0202922		
Date Assigned:	01/27/2015	Date of Injury:	09/04/2014
Decision Date:	02/28/2015	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. 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:

The patient is a 45-year-old male with an injury date of 09/04/14. Per progress report dated 10/27/14, the patient complains of headaches, right-sided neck, associated right upper back and shoulder pain. Based on the 11/17/14 progress report provided by treating physician, the patient also complains of low back, buttocks pain, rated 08/10, radiating to the right lower leg. Patient has received 6 physical therapy sessions to date with no efficacy. The patient has denied prior history of similar problems and lumbar surgery. Physical examination to the lumbar spine on 10/27/14 revealed mild limitation on flexion and moderate limitation on extension. Per progress report dated 09/04/14, left hand, cervical, thoracic and lumbar X-rays were normal. There was no evidence of neurological deficit, sensation abnormalities, and radicular findings. Per 11/17/14 progress report, treater states: "...he still has significant headaches, neck muscle spasming and a sense of dizziness which can be the result of pathology..." Patient has been at his present job for 8 years. Of note, treater did not make a change in the work status. Diagnosis 11/17/14- Lumbosacral spondylosis-Lumbago-Lumbar sprain-Sciatica-Cervical spondylosis-Cervicalgia-Neck sprain The utilization review determination being challenged is dated 11/26/14. The rationale is "...there is no documentation of specific neurological deficit or "red flag" on physical examination..."

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Lumbar Spine without dye: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

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, MRIs (magnetic resonance imaging) (L-spine).

Decision rationale: The patient presents with headaches, right-sided neck, associated right upper back and shoulder, low back, buttocks pain, rated 08/10, radiating to the right lower leg. The request is for MRI lumbar spine without dye. Per progress report dated 09/04/14, left hand, cervical, thoracic and lumbar X-rays were normal. Patient has received 6 physical therapy sessions to date with no efficacy. Physical examination to the lumbar spine on 10/27/14 revealed mild limitation on flexion and moderate limitation on extension. Per progress report dated 09/04/14, left hand, cervical, thoracic and lumbar X-rays were normal. There was no evidence of neurological deficit, sensation abnormalities. Patient has been at his present job for 8 years. Of note, treater did not make a change in the work status. Regarding MRI of L-spine ACOEM guidelines, Chapter 12, page 303 states: "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." ODG-TWC guidelines, Low back chapter, MRIs (magnetic resonance imaging) (L-spine) has the following: " Indications for imaging -- Magnetic resonance imaging: -Uncomplicated low back pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit." Per 11/17/14 progress report, treater states: "...he still has significant headaches, neck muscle spasming and a sense of dizziness which can be the result of pathology..." The treater requests for MRI lumbar spine without dye. In review of reports, patient presents with radicular symptoms although exam findings do not show neurologic findings. However, physical examination findings do not support neurologic deficits. Given that the patient has significant radiating pain down the leg, failing conservative care, the requested MRI would appear reasonable. ODG supports MRI in this context. The request is medically necessary.