

Case Number:	CM14-0205423		
Date Assigned:	12/17/2014	Date of Injury:	01/18/2014
Decision Date:	03/02/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/08/2014

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 30 year old male with an injury date of 01/18/14. The most recent progress report provided is by [REDACTED] and is dated 08/19/14. It states that the patient presents with worsened back pain and right ankle pain rated 7/10. The 07/11/14 report by [REDACTED] states the patient presents with lumbar spine pain radiating down the right lower extremity. He is to return to work 08/19/14. Examination on 08/19/14 shows tenderness over the thoracolumbar spine, paravertebral musculature, and tenderness in the right ankle. There is restricted range of motion mid-tibia. The patient's diagnoses include: 1. Lumbar sprain 2. Right ankle sprain. The treater is starting physical therapy 3 x 2 weeks and dispensed: ACE wrap, Polar Frost and a back support. This report notes that the preliminary x-ray is both "normal" and "sent to radiologist". Medications are listed as Naproxen, Flexeril and Norco. The utilization review dated 11/19/14 denied the request due to a recent MRI on 09/09/14, and there are no new signs of injury or progressive neurological deficits. Reports were provided for review from 01/27/14 to 08/19/14.

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: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter MRI.

Decision rationale: The patient presents with worsening lower back pain without a subjective complaint of radiating pain on 08/19/14, but with complaint of radiation down the right lower extremity on 07/11/14. The current request is for MRI of the Lumbar Spine. The RFA is not included. The 11/19/14 utilization review states the request was referred 11/17/14. ODG guidelines Low Back Chapter MRI Topic, state that, "MRI's are test of choice for patients with prior back surgery, but for uncomplicated low back pain, with radiculopathy, not recommended until after at least one month 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 (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation)." Recent reports do not discuss this request. The utilization review mentions an MRI from 09/09/14, and it is unclear if this MRI was completed before or after this request. The utilization review also cites an Initial pain evaluation report from 11/10/14; however, this report is not included for review. In this case, recent reports differ on radicular symptoms for this patient. However, the 08/19/14 and 07/11/14 reports state that straight leg raise is negative and examination reveals there is no sensory deficit. It is unclear from the reports provided if this request is for a repeat MRI. Examination findings do not support radiculopathy for this patient. The request IS NOT medically necessary.