

Case Number:	CM14-0207468		
Date Assigned:	12/19/2014	Date of Injury:	10/27/2009
Decision Date:	02/13/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	12/11/2014

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 53 year old female with an injury date of 10/27/09. Based on the 10/28/14 progress report provided by treating physician, the patient complains of lower back pain radiating to the right hip/buttocks area and right lower extremity intermittently, bilateral knee and ankle pain. The patient is status post left knee surgery 02/04/14. Physical examination to the lumbar spine revealed tenderness to palpation to the right sacroiliac joint and bilateral paravertebral musculature with associated hypertonicity. Range of motion was decreased, especially on flexion 45 degrees. Straight leg raise is negative. Patient's current medication include Lorazepam, Tramadol, Gabapentin, Flexeril, Naprosyn and Omeprazole. Radiographs of the lumbar spine demonstrate spondylosis and spurring at L3-L4 with loss of disc height. Per treater's report dated 10/28/14, the patient is able to perform usual work. Diagnosis- Cervical spine musculoligamentous sprain/strain with probable muscle contraction headaches- Lumbar spine musculoligamentous sprain. strain with right sacroiliac joint sprain, rule out radiculopathy- Bilateral knee sprain/strain- Status post left knee arthroscopy February 2014- Chronic bilateral ankle sprain/strain The utilization review determination being challenged is dated 11/05/14. The rationale follows: "The patient has CLBP for 5+ years and it is likely, that the patient has previously undergone prior imaging. There is no indication of change in neurologic status of the patient which might merit a newer study." Treatment reports were provided from 06/30/14 to 10/28/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Lumbar Spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, MRIs

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 lower back pain radiating to the right hip/buttocks area and right lower extremity intermittently, bilateral knee and ankle pain. The request is for MRI LUMBAR SPINE. The patient is status post left knee surgery 02/04/14. Patient's current medications include Lorazepam, Tramadol, Gabapentin, Flexeril, Naprosyn and Omeprazole. Radiographs of the lumbar spine demonstrate spondylosis and spurring at L3-L4 with loss of disc height. Per treater's report dated 10/28/14, the patient is able to perform usual work. 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." For chronic pain, ODG guidelines, Low back chapter, MRIs (magnetic resonance imaging) (L-spine): "Indication for imaging for uncomplicated low back pain with radiculopathy recommends at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit. MRI is also recommended if there is a prior lumbar surgery." Per progress report dated 10/28/14, treater is requesting an MRI of L-spine to rule out nerve root compromise given the radicular complaints and the length of time they have been going on. Reviews of the reports do not show that the patient has had an MRI, and the utilization review letter did not reference prior MRI either. Given the patient's radiating pain, a neurologic finding, the requested MRI appears reasonable and consistent with the guidelines. The request IS medically necessary.