

Case Number:	CM15-0131161		
Date Assigned:	07/17/2015	Date of Injury:	09/22/2012
Decision Date:	08/25/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/07/2015

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: Iowa

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 injured worker is a 56-year female, who sustained an industrial injury on September 22, 2012 and reported left knee pain. Treatment to date has included injections (knee), medications, home exercise program, assistive device (cane), physical therapy, brace (knee and back) and surgery (knee). Currently, the injured worker complains of persistent and worsening back pain that radiates to both of her legs (left greater than right). She states the symptoms are exacerbated by standing, walking, bending, stooping and prolonged sitting. The injured worker is diagnosed with lumbar region sprain. Her work status is temporary total disability. A note dated June 8, 2015 states the injured worker experiences continued back pain with radicular and sciatica type symptoms. The treating physician states the patient has experienced treatment failure with physical therapy, bracing and non-steroidal anti inflammatories. A note dated April 27, 2015 states the injured worker reported mild improvement in her symptoms from physical therapy. A utilization review denied the request for outpatient lumbar spine MRI without contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient lumbar spine MRI without contrast: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Magnetic resonance imaging (MRI).

Decision rationale: According to MTUS guidelines, ACOEM recommends imaging studies for the following issues: 1) emergence of a red flag, 2) physiologic evidence of tissue insult or neurologic dysfunction, 3) failure to progress in a strengthening program intended to avoid surgery, and 4) clarification of the anatomy prior to an invasive procedure. Guidelines also do not recommend special studies until a 3-4 week period of conservative care fails to improve symptoms. ODG does not recommended imaging except in specific circumstances, and recommends reserving for significant changes in symptoms and/or findings suggestive of significant pathology. Indications for lumbar MRI imaging include 1) lumbar spine trauma with neurological deficit, 2) suspicion of cancer, infection, or other red flags, 3) radiculopathy unresponsive to conservative therapy after one month, 4) prior lumbar surgery, 5) cauda equine syndrome, 6) myelopathy. The medical documentation indicates low back pain and evidence of radiculopathy, although neurological exam information is limited. There is no indication of "red flag" or other indications as noted above. The pain also appears to be chronic in nature, and no significant change has been documented recently to indicate a significant worsening of symptoms or other pathology. The treating physician states that the patient failed conservative therapy to include physical therapy, NSAIDs, and bracing, which have been tried over a several month period. The documentation supports that the indication of radiculopathy unresponsive to conservative therapy of greater than one month duration. Therefore, I am reversing the prior review and the request for outpatient lumbar MRI without contrast is medically necessary.