

Case Number:	CM15-0192725		
Date Assigned:	10/06/2015	Date of Injury:	06/21/2005
Decision Date:	11/19/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/30/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 65-year-old female, with a reported date of injury of 06-21-2005. The diagnoses include lumbar neuritis and radiculitis, lumbar myalgia, and lumbar myospasm. Treatments and evaluation to date have included chiropractic treatment, which provided "some relief", and lumbar epidural steroid injection which did not provide "much help". The diagnostic studies to date have not been included in the medical records provided. The initial orthopedic evaluation report dated 07-08-2015 indicates that the injured worker complained of dull low back pain, which was rated 7 out of 10 while resting and 8 out of 10 with activity. The pain was associated with weakness, numbness, giving way, locking, and swelling. The pain radiated to the right leg and foot. It was noted that the injured worker was unable to perform her activities of daily living due to the pain. The physical examination of the lumbar spine showed tenderness, guarding, and spasm over the paravertebral region bilaterally; trigger points in the paraspinal muscles bilaterally, manual muscle testing showed 4 out of 5 strength with flexion, extension, and bilateral lateral bending; positive bilateral seated straight leg raise test; restricted range of motion due to pain and spasm; decreased sensation in L4 and L5 dermatomes; and decreased sensation to light touch in the right lower extremity. The treatment plan included an MRI of the lumbar spine. It was noted that the injured worker could return to modified work duties with restrictions. The request for authorization was dated 07-08-2015. The treating physician requested an MRI of the lumbar spine. On 09-04-2015, Utilization Review (UR) non-certified the request for an MRI of the lumbar spine. The patient sustained the injury when she attempted to assist a patient and prevent the patient from falling. The patient's surgical history include right

shoulder arthroscopy in 2013. The patient had received an unspecified number of acupuncture, chiropractic and PT visits for this injury. The patient has had a MRI of the lumbar spine. The patient has had history of cancer surgery and eye surgery. The medication list includes medication for pain, depression, cancer and eye problem. Per the note dated 9/2/15, the patient had complaints of low back pain with radiculopathy. Physical examination of the lumbar spine on 8/5/15 revealed tenderness on palpation, positive SLR, limited range of motion and decreased sensation in lower extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (Magnetic Resonance Imaging) of the lumbar spine: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): Low Back Lumbar and Thoracic (Acute & Chronic) online version (updated 07/17/15).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Comp., online Edition Low Back (updated 09/22/15)MRIs (magnetic resonance imaging).

Decision rationale: MRI (Magnetic Resonance Imaging) of the lumbar spine. Per the ACOEM, low back guidelines cited "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)." Per the note dated 9/2/15, the patient had complaints of low back pain with radiculopathy. Physical examination of the lumbar spine on 8/5/15 revealed tenderness on palpation, positive SLR, limited range of motion and decreased sensation in the lower extremity. The patient has chronic pain with significant objective findings. There is a possibility of significant neurocompression. The patient has been treated already with medications and physical therapy. The patient has had a history of cancer surgery. An MRI would be appropriate evaluate the symptoms further and to rule out any red flag pathology. The MRI of the MRI (Magnetic Resonance Imaging) of the lumbar spine is deemed medically appropriate and necessary for this patient.