

Case Number:	CM15-0203506		
Date Assigned:	10/20/2015	Date of Injury:	10/01/2011
Decision Date:	12/01/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/15/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 55 year old female, who sustained an industrial injury on 10-1-11. The injured worker was diagnosed as having cervical disc disease; lumbar pain; bilateral mild to moderate median neuropathy. Treatment to date has included chiropractic therapy; physical therapy; Functional Restoration Program (FRP) 20 weeks (10-2013); medications. Diagnostics studies included MRI lumbar spine (9-24-15). Currently, the PR-2 notes dated 9-24-15 indicated the injured worker complains of neck pain with radiating symptoms on the left arm as well as back pain with radiating symptoms down the right leg. She reports she has not had any care for the lumbar spine pain. She did complete a 20 week FRP in 10-2013, physical therapy and chiropractic therapy as conservative treatment in the past. She is not working. The provider notes "She was given Tramadol which she takes approximately once per day as well as Benzodiazepine for sleep. I recommended limiting this to only 102 per month and if this is not helpful, will change that medication. Presently, she awaits a hand surgery consultation and physical therapy as chiropractic was denied." Her Lumbar spine MRI and cervical x-rays were not provided for this physician for review. The provider notes EMG upper extremity on 11-4-14 revealed bilateral mild to moderate median neuropathy. The provider notes a MRI of the cervical spine (3-11-15) is interpreted by the chiropractor revealing moderate spinal canal stenosis, severe left neural foraminal narrowing and mild right neural foraminal narrowing at C6-7 with encroachment on left cervical 7 nerve root. He is requesting authorization of a TENS unit and the lumbar MRI as he is thinking this was denied on 8-13-15. PR-2 notes dated 8-6-15 are same to similar in documentation and examination and treatment. A Request for Authorization is dated

10-15-15. A Utilization Review letter is dated 10-1-15 and non-certification for MRI of the lumbar spine. A request for authorization has been received for MRI of the lumbar spine.

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: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Diagnostic Criteria, Special Studies.

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-Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging): Indications for imaging.

Decision rationale: October 2011 when, while working as a dental assistant, she developed radiating neck pain and left arm numbness. When seen by the requesting provider complaints included bilateral hip and thoracic pain with radiating symptoms to the right hip and back of her leg. Physical examination findings included a body mass index of 36. There was decreased lumbar spine range of motion. There was right lumbar tenderness with mildly positive straight leg raising. There was decreased L4 dermatomal sensation. Electrodiagnostic testing in December 2014 had included findings of a possible right S1 radiculopathy. Authorization was requested for a lumbar spine MRI. Applicable indications for imaging obtaining an MRI of the lumbar spine in this case are when there is radiculopathy after at least one month of conservative therapy. In this case, the claimant has radicular complaints and positive straight leg raising with decreased dermatomal sensation. Nerve conduction testing in December 2014 showed findings of possible S1 radiculopathy not localized by electromyography. The requested MRI of the lumbar spine is considered medically necessary.