

Case Number:	CM15-0209137		
Date Assigned:	10/28/2015	Date of Injury:	11/09/2014
Decision Date:	12/15/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	10/23/2015

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 54 year old female, who sustained an industrial injury on November 9, 2014. He reported a left knee injury. The injured worker was currently diagnosed as having sprain and strain unspecified site of hip, sprain and strain unspecified site of knee and sprain and strain lumbar. Treatment to date has included left knee MRI, left knee surgery on 5/13/15, physical therapy, medication and work modifications. On September 17, 2015, the injured worker complained of continued back pain that continues to be irritating him down his left leg. He stated that physical therapy has not helped him at all. Physical examination revealed some tenderness to palpation in the lumbar sacral area. He was noted to have good side rotation of the spine and forward flexion to approximately 80 degrees with some complaints of discomfort. Due to the injured worker's pain, a lumbar spine MRI without contrast was included in the treatment plan. Notes indicated that after the results are received, a decision will be made to send the injured worker to a spine specialist or to a pain specialist. On October 12, 2015, utilization review denied a request for MRI of the lumbar spine without contrast. The patient had received an unspecified number of PT visits for this injury. Per the note dated 8/11/15, the patient had complaints of low back pain. Physical examination of the lumbar spine revealed limited range of motion and positive SLR. Per the note dated 6/12/15 the patient had complaints of low back pain radiating to left leg. Physical examination of the lumbar spine revealed severely guarded gait and tenderness on palpation. The patient's surgical history includes right shoulder surgery. The medication list includes Ibuprofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging), lumbar spine without contrast: Overturned

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

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 12/02/15), MRIs (magnetic resonance imaging).

Decision rationale: Request: MRI (magnetic resonance imaging), lumbar spine without contrast. 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 8/11/15, the patient had complaints of low back pain. The physical examination of the lumbar spine revealed limited range of motion and a positive SLR. Per the note dated 6/12/15, the patient had complaints of low back pain radiating to the left leg. The physical examination of the lumbar spine revealed severely guarded gait and tenderness on palpation. Therefore, the patient had significant objective findings consistent with possible neurocompression or radiculopathy. The patient has been already treated with medications and physical therapy. A MRI would be appropriate at this time to evaluate the symptoms further and to rule out any red flag pathology. The request for MRI (magnetic resonance imaging), lumbar spine without contrast is medically appropriate and necessary for this patient.