

Case Number:	CM15-0213985		
Date Assigned:	11/03/2015	Date of Injury:	12/01/2014
Decision Date:	12/22/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/30/2015

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:

This is a 65-year-old female who sustained an industrial injury on (12-1-2014). A review of the medical records indicates that the injured worker is undergoing treatment for lumbar spine sprain; rule out herniated nucleus pulposus (HNP). Per the progress report dated 8-4-2015, the injured worker was worse. She complained of back pain and a 3-week history of urinary incontinence. She rated her back pain 6 out of 10. She was working with modified duty. According to the orthopedic evaluation dated 8/25/2015, the injured worker complained of back and left leg pain. Objective findings (8-25-2015) revealed decreased range of motion with pain. Straight leg raise was positive on the left. There were complaints of pain on palpation of the paravertebral musculature of the lower back with muscle spasm and guarding. Per the progress report dated 9-22-2015, subjective complaints were "same-chir helps." Objective findings (9-22-2015) were documented as "none so far" and decreased range of motion with complaints of pain. Treatment has included physical therapy, chiropractic treatment, acupuncture and medications. The treatment plan (8-25-2015) included Diclofenac, Soma and magnetic resonance imaging (MRI) of the lumbar spine. The original Utilization Review (UR) (10-1-2015) denied a request for lumbar magnetic resonance imaging (MRI). The medication list includes Diclofenac, Soma, Orphenadrine, Etodolac, and Tylenol. On 5/6/15, the patient had normal gait and negative SLR. On dated 7/8/15 and on 8/4/15 the patient had normal gait and negative SLR, normal sensory and motor examination, no tenderness on palpation, no muscle spasm. The patient had worsening of low back pain on 8/5/15. The patient had positive Patrick test on the left side.

The patient had X-ray of the lumbar spine that revealed degenerative changes and disc space narrowing. The patient's surgical history include hysterectomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI scan of the lumbar without contrast: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

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: MRI scan of the lumbar 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...)." The patient had diagnoses of lumbar spine sprain; rule out herniated nucleus pulposus (HNP). Per the progress report dated 8- 4-2015, the injured worker was worse. She complained of back pain and a 3-week history of urinary incontinence. According to the orthopedic evaluation dated 8/25/2015, the injured worker complained of back and left leg pain. Objective findings (8-25-2015) revealed decreased range of motion with pain. Straight leg raise was positive on the left. There were complaints of pain on palpation of the paravertebral musculature of the lower back with muscle spasm and guarding. The patient had worsening of low back pain on 8/5/15. The patient has already had an X-ray of the lumbar spine that revealed degenerative changes and disc space narrowing. Therefore, the patient has chronic pain with significant objective findings. There is possibility of significant neurocompression. The patient has been treated already with medications and physical therapy. A MRI would be medically appropriate and necessary at this time to evaluate the symptoms further and to rule out any red flag pathology. The request of the MRI scan of the lumbar without contrast is deemed medically appropriate and necessary for this patient.