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| Case Number: | CM15-0046475 | | |
| Date Assigned: | 04/13/2015 | Date of Injury: | 06/01/2009 |
| Decision Date: | 05/06/2015 | UR Denial Date: | 02/18/2015 |
| Priority: | Standard | Application Received: | 03/11/2015 |

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: California

Certification(s)/Specialty: Emergency 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 66 year old female, who sustained an industrial injury on 6/1/09. Initial injury complaints are not noted. The injured worker was diagnosed as having degeneration of lumbar intervertebral disc; low back pain; sciatica; numbness of foot. Treatment to date has included MRI lumbar spine without contrast (2/1/11) which revealed mild degenerative joint disease with 2mm disc bulge at L4-5 and 5mm bulge at L5-S1. Currently, the PR-2 notes dated 2/9/15, the injured worker complains of significant back pain with right foot numbness after prolonged sitting. Pain is reportedly improving. Provider has not documented what specific conservative care that has been attempted with this flare up of back pain. Last physical therapy had occurred several years prior. No medication list was provided and not a single medication was documented in progress notes. Provider letter of appeal dated 3/23/15 states that patient has positive straight leg on exam with numbness and decreased reflexes as rationale for request for MRI. The treatment plan indicates a diagnosis of degenerative disc disease (DDD) L5-S1, back pain and with new neurological deficit of right foot numbness after prolonged sitting. The provider has requested a MRI of the lumbar spine to rule out "HNP, DDD; stenosis; compression fx [fracture]".

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Lumbar Spine: Upheld

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): 304, 309.

Decision rationale: As per ACOEM Guidelines, imaging studies should be ordered in event of "red flag" signs of symptoms, signs of new neurologic dysfunction, clarification of anatomy prior to invasive procedure or failure to progress in therapy program. Patient does not meet any of these criteria. There is no documented red flag findings in complaints or exam. There is no noted new neurologic dysfunction. While patient has signs of radiculopathy, it has been chronically stable. Symptoms appear to be a flare of chronic pain. While the provider has requested physical therapy and request has reportedly been rejected, there is not a single documentation of any other attempts at conservative management of pain. There is no documentation of what medications the patient is taking or has been prescribed or if patient is attempting any home exercise program. There is no plan for any invasive procedures documented and patient has yet to even attempt therapy program much less be considered a "failure to progress". MRI of lumbar spine is not medically necessary.