MAXIMUS Federal Services

Case Number:	CM15-0086570		
Date Assigned:	05/08/2015	Date of Injury:	01/23/2012
Decision Date:	06/09/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	05/05/2015

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: 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 43-year-old female, with a reported date of injury of 01/23/2012. The diagnoses include chronic low back pain, lumbar radiculopathy, lumbar myofascial pain, and lumbar facet arthropathy. Treatments to date have included oral medications, trigger point injections, acupuncture, relaxation training, chiropractic therapy, braces/casts, physical therapy, transcutaneous electrical nerve stimulation (TENS) unit, massage, exercise program, nerve blocks, lumbar epidural steroid injections, medial branch blocks, and various facet blocks at various levels. The medical report dated 03/27/2015 indicates that the injured worker had chronic low back pain. She stated that the conservative treatments had not changed her condition. The current intensity of the pain was 9.5 out of 10. She indicated that the impact of the pain has been severe, and she noted that some assistance was needed with her activities of daily living. The injured worker had some loss of social activity with family and friends. The physical examination showed diffuse tenderness to palpation of her lumbar spinous processes and lumbar myofascial area, an antalgic gait, inability to heel and toe walk, minimal lumbar range of motion, decreased bilateral hip range of motion, functional bilateral ankle range of motion, intact bilateral lower extremity sensory, and positive bilateral straight leg raise test. The treating physician requested an MRI of the lumbar spine without contrast. A progress report dated March 25, 2015 states that the patient complains of low back pain radiating into both lower extremities and posterior thighs. Physical examination revealed decreased strength in the right lower extremity. The note goes on to indicate that the patient has new onset urinary incontinence, and requests an MRI to rule out cauda equina syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI lumbar without contrast: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, MRIs (magnetic resonance imaging).

Decision rationale: Regarding the request for lumbar MRI, Occupational Medicine Practice Guidelines state that 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 would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. ODG states that MRIs are recommended for uncomplicated low back pain with radiculopathy after at least one month of conservative therapy. Within the documentation available for review, the requesting physician has identified that the patient has new onset urinary incontinence. This is a red flag condition, concerning for cauda equina syndrome. As such, the currently requested MRI is medically necessary.