

Case Number:	CM14-0124531		
Date Assigned:	08/08/2014	Date of Injury:	09/12/2013
Decision Date:	10/07/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/06/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional SPINE and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 62 years old female with an injury date on 09/12/2013. Based on the 02/05/2014 progress report provided by [REDACTED], the diagnoses are: 1. Cervicathoracic strain/arthrosis 2. Lumbosacral strain/arthrosis. 3. Doubt significant right hip intrinsic pathology 4. Internal medicine complaints (abdomen and hypertension). According to this report, the patient complains of constant neck pain that radiates to the bilateral upper extremity with numbness and tingling, right greater than left. The patient also complaint of lower back pain radiates to the bilateral lower extremity, right greater than left. Numbness and tingling are noted over the low back, right buttock and right leg. Physical exam reveals decreased cervical and lumbar range of motion with pain. Tenderness is noted over the entire cervical and lumbar spine. Tinel's and elbow flexion test are positive at the elbow, bilaterally. Tinel's and Phalen's test are positive at the wrist, bilaterally. Fabere and reveres Fabere test are positive, bilaterally. Deceased sensation over the right thigh and leg is noted. There were no other significant findings noted on this report. The utilization review denied the request on 07/22/2014. [REDACTED] is the requesting provider, and he provided treatment report dated 02/05/2014.

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 ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) MRI's

Decision rationale: According to the 02/05/2014 report by [REDACTED] this patient presents with constant neck pain and low back that radiates to the bilateral upper/ lower extremities with numbness and tingling, right greater than left. The treater is requesting MRI of the lumbar spine. The most recent progress report is dated 02/05/2014 and the utilization review letter in question is from 07/22/2014. The UR denial letter states "the clinical documentation submitted for review does not provide any evidence that the patient has any neurological compromise that would require an MRI." Regarding MRI study, ODG recommends obtaining an MRI for uncomplicated low back pain with radiculopathy after 1 month of conservative therapy, sooner if severe or progressive neurologic deficit. Review of reports do not show evidence of lumber MRI being done in the past. In this case, the patient presents with radicular pain, positive Fabere, revers Fabere test, and decreased sensation over the right thigh and leg. Given the patient's persistent radicular symptoms, a neurologic sign/symptom, and failure of conservative care, an MRI would be consistent with the guidelines. Recommendation is for authorization.