

Case Number:	CM14-0124758		
Date Assigned:	08/08/2014	Date of Injury:	06/12/2013
Decision Date:	10/17/2014	UR Denial Date:	07/08/2014
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 and 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 51 year-old female with a date of injury of 06/12/2013. The listed diagnoses per [REDACTED] are: 1. Cervical spine discopathy. 2. Bilateral knee pain. 3. Lumbar spine disk protrusions. 4. Bilateral elbow sprain/strain. According to progress report 04/17/2014, the patient presents with intense cervical spine pain, cervicogenic headaches, constant low back pain, and bilateral knee pain. Examination revealed positive tenderness and spasm to the lower spine and tenderness to the cervical spine with painful range of motion. Report 02/20/2014 indicates the patient has persistent low back pain that radiates into the bilateral lower extremities. The treater is requesting an MRI of the lumbar spine. Utilization review denied the request on 07/08/2014.

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: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES

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

ODG-TWC guidelines (http://www.odg-twc.com/odgtwc/low_back.htm#Protocols) has the following:

Decision rationale: This patient presents with continued neck, low back, and bilateral knee pain. The provider is requesting an MRI of the lumbar spine. For special diagnostics, ACOEM Guidelines page 303 states "unequivocal objective findings that identify specific nerve compromise on the neurological examination is sufficient evidence to warrant imaging in patients who do not respond well to treatment and who would consider surgery as an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." Review of the medical file indicates the patient underwent an MRI of the L-spine on 08/08/2013 which revealed "multilevel lumbar spondylosis most pronounced at the L5-S1 level, where there is moderate to severe bilateral neuroforaminal narrowing." In this case, the patient had an MRI already. There is no new injury, red flags, progressive neurologic deficit or significant change in symptoms to warrant a new MRI. This request is not medically necessary.