

Case Number:	CM14-0144806		
Date Assigned:	09/12/2014	Date of Injury:	07/21/2014
Decision Date:	10/14/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/08/2014

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 Emergency Medicine and is licensed to practice in Texas. 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 injured worker is a 31-year-old male who reported an injury after lifting a large mattress on 07/24/2014. The clinical note dated 08/12/2014 indicated a diagnosis of lumbar disc herniation with right lower extremity radiculopathy. The injured worker reported low back pain and right leg pain. The injured worker reported his pain was constant, typically averaging 7/10 to 8/10 on the pain scale. The injured worker reported at rest and with medications, the pain would reduce to 4/10 to 5/10. The injured worker reported the pain radiated from the lower back into the right leg distal to the foot. The injured worker described his right leg symptoms as numbing, burning, and aching sensations that were intermittent. The injured worker reported he experienced sharp, severe pains in his right leg, and generalized weakness of the right leg. On physical examination of the spine, there was tenderness to palpation of the lumbar and lumbosacral musculature, right greater than left, with spasms noted in the right lower lumbar paravertebral musculature. There was tenderness to palpation over the piriformis musculature, right greater than left. The injured worker had a positive Kemp's and Gaenslen's test for back pain. The injured worker's Dejerine's test was positive for back and cervical pain, as well as radiation to the right buttock and proximal aspect to the right posterior thigh. The injured worker's seated and supine straight leg raise test was positive for increasing right leg pain. The injured worker's deep tendon reflexes were +3 for patellar and Achilles. The injured worker's motor strength revealed 4/5 on the right gastrocnemius. The injured worker's treatment plan included authorization for MRI of the lumbar spine, 6 sessions of chiropractic therapy, and referral to an orthopedic specialist. The injured worker's prior treatments included medication management. The injured worker's medication regimen was not provided for review. The provider submitted a request for MRI of the lumbar spine. Request for Authorization was not submitted for review to include the date the treatment was requested.

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): 303-305.

Decision rationale: The CA MTUS/ACOEM guidelines state 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. Imaging studies should be reserved for cases in which surgery is considered or red flag diagnoses are being evaluated. There is lack of documentation regarding the failure of conservative therapy such as NSAIDs and physical therapy. In addition, there is no indication of red flag diagnoses or that surgery was being considered. Therefore, the request for MRI Lumbar Spine is not medically necessary.