

Case Number:	CM14-0146117		
Date Assigned:	09/12/2014	Date of Injury:	02/27/2013
Decision Date:	10/14/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/09/2014

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 Family Medicine, 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 40-year-old male who has submitted a claim for sprain of lumbosacral joint/ligament associated with an industrial injury date of February 27, 2013. Medical records from 2013 to 2014 were reviewed. The patient complained of constant low back pain radiating to the upper back, left hip and left gluteal area. Pain was rated 9/10 on most days. He has received physical therapy 3x a week for 4 weeks which has improved his symptoms temporarily. Physical examination showed a slow guarded gait; moderate tenderness over the lumbar paravertebral musculature; limitation of motion of the lumbar spine; bilaterally positive straight leg raise, Braggard's, Femoral stretch, Kemp's and Bowstring tests and Valsalva Maneuver; and sensory deficit on the left L5 and bilateral S1 dermatomes. MRI of the lumbar spine done on June 13, 2014 revealed a 1-2mm disc bulge with a high intensity zone consistent with partial annular tear at L4-5 with mildly narrowed spinal canal and patent neural foramina. The diagnoses were L4-L5 herniated nucleus pulposus, 1-2mm with annular tear; left lower extremity radicular pain and paresthesia to the hip and gluteal area; left L5-S1 facet tenderness; and left sacroiliitis. Treatment to date has included oral and topical analgesics, physical therapy, and home exercise program, acupuncture and chiropractic therapy. Utilization review from August 19, 2014 denied the request for MRI of the lumbar spine. Reason for denial was not available.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back

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 Section, MRI

Decision rationale: As stated on pages 303-304 of the ACOEM Practice Guidelines referenced by CA MTUS, imaging of the lumbar spine is recommended in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise; failure to respond to treatment; and consideration for surgery. In addition, Official Disability Guidelines recommends MRI for the lumbar spine for uncomplicated low back pain, with radiculopathy, after at least 1 month of conservative therapy, sooner if severe, or progressive neurologic deficit. In this case, the patient complained of severe low back pain with positive provocative tests. He has undergone 1 month of physical therapy which only relieved symptoms temporarily. The guideline criteria of presence of red flags, unequivocal objective findings of nerve compromise, and failure to respond to treatment were met. The medical necessity for MRI of the lumbar spine was established. Therefore, the request for MRI of the lumbar spine is medically necessary.