

Case Number:	CM14-0157155		
Date Assigned:	09/30/2014	Date of Injury:	08/29/2012
Decision Date:	10/28/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/25/2014

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 47 year old male with an injury date on 08/29/2012. Based on the 06/11/14 progress report provided by [REDACTED] the patient complains of chronic low back pain. The pain is associated with numbness and weakness in the right leg and swelling in the right knee. On the 08/12/2014 AME report, he describes a constant radiation of pain into the proximal right buttock. He describes intermittent radiation of pain into the posterior aspect of the thigh to the back of the knee and occasional radiation of pain to the right heel. Examination of the lumbosacral spine range of motion revealed flexion 50 degree, and bilateral lateral flexion 15 degrees with pain. Diagnosis 06/01/14:-Lumbago-Lumbar spine radiculitis-Enthesopathy of hip [REDACTED] is requesting for MRI (magnetic resonance imaging) of the lumbar spine. The utilization review determination being challenged is dated 08/28/14. The utilization review denial letter states "The patient does have lower back pain with limited ranges of motion however, no neurological findings were provided to identify any specific nerve compromise." [REDACTED] is the requesting provider, and he provided treatment reports from 03/10/2014 to 06/11/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging) of lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

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

Decision rationale: According to the 06/11/2014 report by [REDACTED], this patient presents with chronic low back pain. The treater is requesting MRI (magnetic resonance imaging) of the lumbar spine. 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 lumbar MRI having been done in the past. Per 08/12/2014 AME report, the purpose for the MRI of the lumbar spine is to rule out nerve root compression that might be contributing to the patient's right lower extremity complaints. Per progress report dated 06/01/14, the patient presents with radicular pain and limited ROM. ODG allows an MRI for radiculopathy, which this patient may be suffering from. Given no prior MRI, recommendation is for authorization.