MAXIMUS Federal Services

Case Number:	CM14-0210089		
Date Assigned:	12/23/2014	Date of Injury:	07/30/2009
Decision Date:	02/25/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, District of Columbia, Maryland
Certification(s)/Specialty: Anesthesiology, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

41y/o male injured worker with date of injury 7/30/09 with related back pain, and left lower extremity complex regional pain syndrome. Per progress report dated 12/2/14, the injured worker rated his low back pain 6/10, described as constant, sharp and stabbing. His right leg pain was rated 3/10 and described as intermittent, and throbbing. Per physical exam, the injured worker had a mildly antalgic gait. There was tenderness to palpation over the bilateral paravertebral muscles. Facet loading was positive. Allodynia was noted over the right medial lower leg, with numbness and decreased light touch discrimination to the right posterolateral leg from the buttocks to the lateral shin, stopping above the ankle. Weakness on knee extension, flexion, and ankle dorsiflexion on the right. Treatment to date has included physical therapy, injections, radiofrequency ablation, and medication management.The date of UR decision was 12/10/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Lumbar Spine: Overturned

Claims Administrator 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)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177.

Decision rationale: ACOEM guidelines support ordering of imaging studies for emergence of red flags, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The documentation submitted for review indicates that the treating physician requested repeat MRI to rule out HNP progression. The injured worker has diminished sensation in the right leg. I respectfully disagree with the UR physician, documentation that there is suspected tumor, infection, or fracture are not required for MRI study. The request is medically necessary.