

Case Number:	CM14-0213203		
Date Assigned:	12/30/2014	Date of Injury:	09/09/2014
Decision Date:	02/19/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/19/2014

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: Ohio, North Carolina, Virginia
 Certification(s)/Specialty: Family Practice

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 47-year-old female with a date of injury of September 9, 2014. She states that while weighing celery she developed pain to the left shoulder and left upper back region. She was diagnosed initially with neck pain and had physical therapy and medication. Subsequently beginning October 1, 2014 she described pain lower back as well. On November 24, 2014, she described low back pain which radiated to the left leg. The physical examination revealed cervical muscular spasm, diminished cervical range of motion, a normal upper extremity neurologic examination, diminished range of motion of the back, tight hamstrings, and a straight leg raise test which was positive, side unspecified. A review the record revealed no evidence that a neurologic examination had been performed on the lower extremities. At issue is a request for an MRI scan of the lumbar spine. This request was previously not certified on the basis of ODG guidelines and again the lack of a neurologic examination of the lower extremities.

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 without dye: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back (updated 11/21/14), Indications for Imaging, MRI

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, MRI. Other Medical Treatment Guideline or Medical Evidence: Guides to the Evaluation of Permanent Impairment, Fifth Edition. Hardcover - Dec 15, 2000. Radiculopathy (page 382-383).

Decision rationale: Per the Official Disability Guidelines, indications for imaging -- Magnetic resonance imaging:- Thoracic spine trauma: with neurological deficit- Lumbar spine trauma: trauma, neurological deficit- Lumbar spine trauma: seat belt (chance) fracture (If focal, radicular findings or other neurologic deficit)- Uncomplicated low back pain, suspicion of cancer, infection, other "red flags"- Uncomplicated low back pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit. - Uncomplicated low back pain, prior lumbar surgery- Uncomplicated low back pain, cauda equina syndrome- Myelopathy (neurological deficit related to the spinal cord), traumatic- Myelopathy, painful- Myelopathy, sudden onset- Myelopathy, stepwise progressive- Myelopathy, slowly progressive- Myelopathy, infectious disease patient- Myelopathy, oncology patientRadiculopathy "is defined as significant alteration in the function of a nerve root or nerve roots and is usually caused by pressure on one or several nerve roots. The diagnosis requires a dermatomal distribution of pain, numbness, and/or paresthesias in a dermatomal distribution. A root tension sign is usually positive. In this instance, the submitted record does not establish the presence of a radiculopathy. There is no dermatomal distribution of pain, numbness, and/or paresthesias in a dermatomal distribution. Consequently, an MRI of the lumbar spine is not medically necessary based upon the submitted medical record and with reference to the ODG guidelines.