

Case Number:	CM14-0216960		
Date Assigned:	01/06/2015	Date of Injury:	06/03/2014
Decision Date:	03/04/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	12/29/2014

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 58-year-old male with an injury date of 06/08/2014. Based on the 09/29/2014 progress report, the patient complains of having lumbar spine pain and a restricted range of motion of the back. The 10/20/2014 report states that the patient describes her pain as being dull, and moderate to severe. She rates her pain as an 8/10. The 11/06/2014 report indicates that the patient rates her right-sided low back pain as a 7/10. There is mild spasm/splinting and walking on the tiptoes and heels is difficult. Range of motion of the lumbar spine is restricted. The patient has 50% of flexion, extension 75%, lateral bending and rotation 75%. There is tenderness in the neuroforamina at L4-L5 and a positive straight leg raise on the right. The patient's diagnoses include the following: 1.Lumbosacral strain. 2.Rule out disk protrusion versus annular tear. 3.Lumbar spine dysfunction secondary to above. The utilization review determination being challenged is dated 12/15/2014. Treatment reports are provided from 06/03/2014 - 11/06/2014.

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: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) MRIs (Magnetic Resonance Imaging

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Low back chapter, MRI

Decision rationale: The patient presents with lumbar spine pain. The request is for an MRI OF THE LUMBAR SPINE. The patient had an x-ray of the lumbar spine on 06/04/2014 which revealed mild scoliosis and degenerative disk narrowing at L4-L5. The utilization review letter does not provide any rationale. For special diagnostics, ACOEM Guidelines page 303 states, 'unequivocal objective findings that identify specific nerve compromise on neurological examination are sufficient evidence to warrant imaging in patients who do not respond well to treatment and who could consider surgery an option. Neurological examination is less clear; however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study.' ODG Guidelines on low back chapter MRI topic states that, 'MRI are tests of choice for patients with prior back surgery, but for uncomplicated low back pain with radiculopathy, not recommended until after at least 1 month of conservative therapy, sooner if severe or progressive neurologic deficit. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology" such as a tumor, infection, fracture, nerve compromise, recurrent disk herniation.' There is no indication of the patient having any prior MRI of the lumbar spine. The treater is requesting for an MRI of the lumbar spine to rule out any disk pathology. The patient has been having lumbar spine pain as early as 06/03/2014. In regards to the lumbar spine, there is mild spasm, splinting, a restricted range of motion, tenderness in the neuroforamina at L4-L5, a positive straight leg raise on the right, and walking on the tiptoes and heels is difficult. Given that the patient has not previously had an MRI of the lumbar spine, he continues to have chronic low back pain, the requested MRI of the lumbar spine is medically necessary.