

Case Number:	CM14-0217703		
Date Assigned:	01/07/2015	Date of Injury:	10/06/2014
Decision Date:	03/05/2015	UR Denial Date:	12/09/2014
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 injured worker is a 41 year old female with a date of injury of October 6, 2014. Results of the injury include lower back pain. Diagnosis include lumbago, lumbar myalgia, lumbar myospasm, and left sided lumbar neuritis/radiculitis. Treatment has included physical therapy with no relief and prescribed medications. Medical imaging was not provided. Progress report dated November 11, 2014 revealed tenderness to the lumbar spine with guarding and spasm noted in the left paravertebral region, sciatic notch, and gluteus medius. Straight leg was positive on the left. Toe walk test was positive with pain. There was restricted range of motion due to pain and spasm. Work status was noted as partially disabled. The treatment plan included a magnetic resonance Imaging (MRI) scan of the lumbar spine and physical therapy. MRI of the lumbar spine was non certified due to noncompliance with MTUS guidelines.

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 3.0 Tesla: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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 a MRI LUMBAR SPINE 3D TESLA. The utilization review denial letter did 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 reason for the request is not provided. The patient has been having lumbar spine pain as early as 10/06/2014. In regards to the lumbar spine, she has tenderness, guarding/spasm on the left paravertebral region, a positive seated straight leg raise on the left, a restricted range of motion, and decreased sensation at L5-S1 dermatomes. Given that the patient has not previously had an MRI of the lumbar spine and continues to have chronic low back pain, the request IS medically necessary.