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| Case Number: | CM15-0000172 | | |
| Date Assigned: | 01/09/2015 | Date of Injury: | 11/12/2014 |
| Decision Date: | 03/10/2015 | UR Denial Date: | 12/17/2014 |
| Priority: | Standard | Application Received: | 12/31/2014 |

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: Texas, California

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:

This is a 67 year old male patient, who sustained an industrial injury on 11/12/2014 when he tripped over a rolling stool. The diagnoses include muscle spasm of the back, lumbar sprain/strain and contusion of the right knee. Per the doctor's note dated 12/3/2014, he had complaints of continued moderate-severe back pain. The physical examination revealed tenderness of the thoracolumbar spine and paravertebral musculature with restricted range of motion in the back, normal gait with no neurologic deficits-negative SLR, normal strength and sensation. His condition was noted to be improving but slower than expected, he was tolerating their medication regimen and there were no new symptoms. The medications list includes losartan, acetaminophen, etodolac, metaxalone and tramadol. He has had X-ray of the right knee which showed tricompartmental osteoarthritis, x-ray of the elbow which showed degenerative narrowing and x-ray of the lumbar spine with normal findings. He has had physical therapy visits for this injury. The physician noted that an MRI of the lumbar spine was being requested to rule out a herniated nucleus pulposus. On 12/17/2014, Utilization Review non-certified a request for MRI of the lumbar spine, noting that the documentation submitted did not show objective findings suggestive of specific nerve compromise. ACOEM and ODG guidelines for the low back were referenced.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back, MRI

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Page 303-304,.

Decision rationale: Request: MRI OF LUMBAR SPINE. Per the ACOEM low back guidelines unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging (MRI) for neural or other soft tissue, computer tomography (CT) for bony structures). Patient had negative SLR, normal strength and sensation. Consistent documented objective evidence of neuro-deficits or radiculopathy is not specified in the records provided. The records provided do not specify any progression of neurological deficits for this patient. The history or physical exam findings do not indicate pathology including cancer, infection, or other red flags. Failure to previous conservative therapy including physical therapy visits is not specified in the records provided. Previous conservative therapy notes are not specified in the records provided. The medical necessity of MRI OF LUMBAR SPINE is not fully established for this patient at this juncture.