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| Case Number: | CM15-0019297 | | |
| Date Assigned: | 02/04/2015 | Date of Injury: | 11/07/2014 |
| Decision Date: | 03/30/2015 | UR Denial Date: | 01/23/2015 |
| Priority: | Standard | Application Received: | 02/03/2015 |

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 46 year old male who sustained a work related injury on November 7, 2014, after carrying a box weighing 40 to 50 pounds and experiencing a sharp burning pain in his mid and lower back. Treatments included chiropractic manipulations, ice, Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), and physical therapy. Diagnoses made were lumbar muscle strain and thoracic spine strain. Currently, in December, 2014, the injured worker, upon examination, complained of bilateral low back pain aggravated by excessive standing and lying in one position. On January 21, 2015, a request for a service of a Magnetic Resonance Imaging (MRI) of the lumbar spine without contrast was non-certified by Utilization Review, noting the California Medical Treatment Utilization Schedule Guidelines, American College of Occupational and Environmental Medicine and Official Disability 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: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: This patient presents with complaints of mid-back pain with continuous pain radiating to his lower back. The patient reports that his pain is present 100% of the time. Pain was rated as 9/10 to 10/10 on a pain scale. The current request is for MRI of the lumbar spine. For special diagnostics, ACOEM Guidelines page 303 states, "Unequivocal objective findings that identify specific nerve compromise on the neurological examination is sufficient evidence to warrant imaging in patients who did not respond well to treatment and who would consider surgery as an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." This patient has a date of injury of 11/07/2014. As documented in progress report dated 01/05/2014, examination of the lumbar spine revealed antalgic gait, significant guarding, tenderness, positive sciatic notch bilaterally, positive straight leg raise, and decreased motor strength. The utilization review dated 01/23/2015 denied the request stating that "the findings do not indicate that there was a red flag issue that would support immediate MRI, and the findings of radiculopathy were somewhat equivocal with findings of decreased motor strength." The medical file provided for review does not discuss any prior imaging for the lower back. In this case, given the patient's continued back pain that radiates to the lower back with positive straight leg raise, decreased range of motion, and significant muscle guarding, an MRI for further investigation IS medically necessary.