

Case Number:	CM15-0044442		
Date Assigned:	03/16/2015	Date of Injury:	11/28/2014
Decision Date:	05/28/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/09/2015

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 62 year old male, who sustained an industrial injury on November 28, 2014. He reported right hip pain, lumbar pain, neck pain, knee pain and numbness and tingling radiating to the legs. The injured worker was diagnosed as having right hip pain, lumbar strain, neck strain and radicular leg pain. Treatment to date has included radiographic imaging, diagnostic studies, physical therapy, medications and work restrictions. Currently, the injured worker complains of right lateral neck pain, right back pain, knee pain and hip pain. The injured worker reported an industrial injury in 2014, resulting in the above noted pain. He was treated with conservative therapies without resolution of the pain. Evaluation on February 11, 2015, revealed right lower back and knee pain. The plan included continuing therapy and medications. Updated radiographic imaging was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Lumbar spine without dye: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official disability guidelines chapter Lower back - Lumbar & Thoracic (Acute & Chronic), Magnetic resonance imaging (MRIs).

Decision rationale: The 62 year old patient complains of neck pain and right low back pain, rated at 5/10, along with knee pain, and hip pain, as per progress report dated 02/11/15. The request is for MRI lumbar spine without dye. The RFA for this case is dated 02/11/15, and the patient's date of injury is 11/28/14. Diagnoses, as per progress report dated 02/11/15, included right hip pain, lumbar strain, radicular leg pain, and neck strain. The patient is working transitional duty, as per the same progress report. ACOEM Guidelines, chapter 8, page 177 and 178, state unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. ODG Guidelines, chapter Lower back Lumbar & Thoracic (Acute & Chronic), Magnetic resonance imaging (MRIs), do not support MRIs unless there are neurologic signs/symptoms present. Repeat MRIs are indicated only if there has been progression of neurologic deficit. In this case, the treating physician is requesting for MRI of the Lumbar Spine in progress report dated 02/11/15. While the patient is suffering from lower back pain, the straight leg raise is negative and there were no deficits noted during sensory examination. ACOEM guidelines recommend lumbar MRI only in patients with evident neurologic deficits during physical examination. Hence, the request is not medically necessary.