

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0093582 | | |
| Date Assigned: | 05/19/2015 | Date of Injury: | 02/16/2015 |
| Decision Date: | 06/24/2015 | UR Denial Date: | 05/05/2015 |
| Priority: | Standard | Application Received: | 05/14/2015 |

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 was a 42 year old female, who sustained an industrial injury, February 16, 2015. The injury was sustained when the injured worker bent over to pick up some garbage. While bending down the injured worker felt a pull in the low back. The injured worker had a hard time standing back up, but eventually was able without pain. The injured worker continued to work. While cleaning another room, the injured worker got down on the knees to pick up some garbage and felt the pain again, however this time the pain did not go away. The injured worker previously received the following treatments Acetaminophen, Orphenadrine, Etodolac ES, Norflex, Cymbalta, cold therapy, heating pad, back brace, 1 acupuncture therapy session , 6 sessions of physical therapy and modified work duty. The injured worker was diagnosed with lumbar spine strain/sprain. According to progress note of April 24, 2015, the injured workers chief complaint was low back pain with radiation into both thighs. There were associated symptoms of numbness and tingling in the lower extremities. The injured worker's pain was moderately severe too severe. The pain was intermittent. The pain was aggravated by bending. The symptoms lessened with rest. The injured worker rated the pain 6 out of 10. The physical exam noted restricted range of motion of the back. There was decreased flex with the finger tips only able to reach to the knees, lateral flexion to the left was 40 degrees of 45 and the right was 40 degrees out of 45. The bilateral patellar and Achilles deep tendon reflexes were 2 out of 4. There was decrease sensation with pin prick to the right anterior thigh and left anterior thigh. The straight leg raise testing was negative bilaterally. The treatment plan included lumbar spine MRI without contrast to evaluate ongoing lower back symptoms.

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 without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, MRIs.

Decision rationale: The patient presents with back pain rated 6/10. The request is for MRI of the Lumbar Spine without Contrast. The request for authorization is not provided. Per progress report dated 05/01/15, the patient states there is radiation of back pain - left leg. The patient denies any limitations to motion of the back. The patient denies any leg weakness. The patient states there is no numbness or tingling of the lower extremities. Physical examination to the back reveals tenderness of the paravertebral musculature - left lower lumbar. There is no tenderness of the thoracolumbar spine. There are no spasms of the thoracolumbar spine and paravertebral musculature. There is no restriction of range of motion of the back. Patrick-Fabre test is negative. Straight leg raising test is negative. Sensation is intact to light touch and pinprick in all dermatomes. There is no weakness of the lower extremities. The patient ambulates with a normal gait, full weight bearing on both lower extremities. Patient has had sessions of acupuncture and chiropractic visits. Patient's medication includes Cymbalta. Per progress report dated 05/01/15, patient is on modified work. ODG guidelines, Low back chapter, MRIs (magnetic resonance imaging) (L-spine) state that "for uncomplicated back pain MRIs are recommended for radiculopathy following at least one month of conservative treatment." ODG guidelines further state the following regarding MRI's, "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation)." Per progress report dated 05/01/15, treater's reason for the request is "Ongoing complaints that exceed findings states pain radiates to left leg." Review of medical records shows the patient has not previously had a MRI of the lumbar spine. In this case, the patient continues with back and states radiation of pain to left leg. However, physical examination findings do not corroborate evidence of radiculopathy. Per progress report dated 05/01/15, treater notes, "Patrick-Fabre test for pathology of the sacroiliac joint is negative. Extensor hallucis longus test is negative. Sensation is intact to light touch and pinprick in all dermatomes of the bilateral lower extremities. The straight leg raising test (SLR) is negative." Therefore, the request is not medically necessary.