

Case Number:	CM14-0155534		
Date Assigned:	09/25/2014	Date of Injury:	08/04/2012
Decision Date:	11/06/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/22/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and Pain Management, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 44 year old female with an injury date on 08/04/12. Based on the 08/22/14 progress report provided by [REDACTED], the patient complains of "low back pain, bilaterally, with radicular symptoms that are more significant on the left side. She rates her low back pain a 6/10." Her diagnoses include the following: 1. Cervical sprain with radicular symptoms 2. Left shoulder sprain 3. Lumbosacral with radicular symptoms 4. Closed head injury 5. Complaints of headaches [REDACTED] is requesting for MRI for lumbar spine. The utilization review denied the request on 09/03/14. [REDACTED] is the requesting provider, and he provided treatment reports from 03/18/14 to 09/05/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI for Lumbar Spine: Overturned

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

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 - Lumbar & Thoracic (Acute & Chronic) chapter, MRIs (magnetic resonance imaging)

Decision rationale: According to the 08/22/14 report by [REDACTED], this patient presents with lower back pain radiating more to the left side. The request is for lumbar spine MRI. This "patient has had low back pain for over two years and has radicular symptoms." Based on 09/05/14 report, she "complains of numbness and tingling sensation in the left hand and left leg." The request was denied by utilization review dated 09/03/14. The rationale was "medical necessity is not established for MRI of the lumbar spine." There is no evidence of prior MRI neither by report or reference by the treater in the reports included in file for this review. Review of the reports show that there is no evidence of motor, sensory or reflex changes on physical examination. However, the patient has radiating radicular symptoms down the leg. ODG guidelines support MRI when radiculopathy persists despite conservative care. When neurologic signs or symptoms are present, an MRI may be reasonable given the suspicion for radiculopathy. Given the patient's leg symptoms, and no prior MRI, the request of MRI for Lumbar Spine is medically necessary and appropriate.