

Case Number:	CM13-0003568		
Date Assigned:	12/04/2013	Date of Injury:	02/21/2013
Decision Date:	08/06/2014	UR Denial Date:	06/24/2013
Priority:	Standard	Application Received:	07/26/2013

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 Internal Medicine, has a subspecialty in Nephrology, 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 42-year-old male with a date of injury on 2/21/13. The injury was a result of cumulative trauma and overuse. The diagnosis is lumbosacral strain/sprain and sacroiliac joint strain/sprain. Record review reveals that the patient had been treated with medications, physical therapy, and modified work duty. One sacroiliac joint injection had previously been certified. A physician note dated 6/18/13 documented increased low back pain with more pain on the left than right over the prior three days without evidence of neurologic involvement such as numbness, tenderness or weakness. The patient was being treated with ibuprofen and was awaiting a chronic pain specialist. Examination demonstrated localized tenderness over the left sacroiliac joint, full range of motion, a negative straight leg raise, and a positive FABER test on the left. Reflexes were 2+ with an intact sensory exam. An MRI of the lumbar spine was requested to evaluate the patient's chronic pain.

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

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

Decision rationale: The guidelines state that if there is physiologic evidence of nerve impairment additional testing (such as an MRI) could be considered. However, it goes on to state that indiscriminant imaging can result in false-positive findings. In this case there was no evidence of nerve injury or involvement based on physical examination. Imaging studies should be reserved for cases in which surgery is considered or red flag diagnoses are being evaluated. Neither was being considered in this case. As such, the request is not medically necessary.