

Case Number:	CM13-0011904		
Date Assigned:	03/19/2014	Date of Injury:	06/28/2013
Decision Date:	04/30/2014	UR Denial Date:	07/24/2013
Priority:	Standard	Application Received:	08/15/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Occupational Medicine, 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 Physician 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:

According to the records made available for review, this is a 34-year-old male with a 6/28/13 date of injury. At the time of request for authorization (7/17/13) for MRI of the lumbar spine, there is documentation of subjective (low back pain radiating to the left leg) and objective (tenderness to palpation over the lumbar spine and positive straight leg raise on the right) findings, current diagnoses (lumbar strain), and treatment to date (physical modalities and medications). Medical reports identify documentation of lumbar spine x-rays (results not available for review). There is no documentation of objective findings that identify specific nerve compromise on the neurologic examination, that plain film radiographs are negative, and radiculopathy after at least 1 month conservative therapy.

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: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 336.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304, Table 12-8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, MRIs (magnetic resonance imaging).

Decision rationale: MTUS reference to ACOEM guidelines identifies documentation of red flag diagnoses where plain film radiographs are negative; objective findings that identify specific nerve compromise on the neurologic examination, failure of conservative treatment, and who are considered for surgery, as criteria necessary to support the medical necessity of an MRI. The ODG guidelines identify documentation of a condition/diagnosis (with supportive subjective/objective findings) for which an MRI is indicated (such as: lumbar spine trauma, uncomplicated low back pain [suspicion of cancer, infection, radiculopathy after at least 1 month conservative therapy, prior lumbar surgery or cauda equina syndrome], or myelopathy), as criteria necessary to support the medical necessity of a lumbar spine MRI. Within the medical information available for review, there is documentation of diagnoses of lumbar strain. However, despite documentation of subjective findings (low back pain radiating to the left leg), there is no documentation of objective findings that identify specific nerve compromise on the neurologic examination. In addition, despite documentation of medical reports identifying lumbar spine x-rays, and given no documentation of the results of the lumbar spine X-rays, there is no documentation that plain film radiographs are negative. Furthermore, given documentation of a 6/28/13 date of injury, and a 7/17/13 request for MRI of lumbar spine, there is no documentation of radiculopathy after at least 1 month conservative therapy. Therefore, based on guidelines and a review of the evidence, the request for MRI of the lumbar spine is not medically necessary.