

Case Number:	CM13-0012472		
Date Assigned:	12/04/2013	Date of Injury:	07/28/1997
Decision Date:	08/27/2014	UR Denial Date:	08/01/2013
Priority:	Standard	Application Received:	08/12/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 07/25/97 with injury to the neck and upper extremities while working as a pallet stacker. The requesting provider saw him on 07/22/13. Two weeks before he had been moved to a different job position requiring lifting and carrying boxes weighing up to 80 pounds over a distance of 5 feet throughout an eight-hour day. He had increasing low back pain radiating to the right lower extremity intermittently since. Medications were Norco, nabumetone, and Prilosec. Physical examination findings included decreased lumbar lordosis and there was bilateral paraspinal muscle tenderness with spasm and tenderness over the sacroiliac joints. Straight leg rising produced radiating pain to the right knee. Sacroiliac joint stressing was positive on the right side. There was decreased lumbar spine range of motion. There was decreased bilateral lower extremity sensation and 4/5 right knee flexion and first toe extension weakness. X-rays showed slight facet arthropathy at the lower lumbar spine. He was diagnosed with a sprain/strain with bilateral lower extremity radiculitis and facet arthropathy. Recommendations included a course of acupuncture. Authorization for an MRI of the lumbar spine and EMG/NCS testing was requested. He was placed at temporary total disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

MAGNETIC RESONANCE IMAGING (MRI) FOR THE LUMBAR SPINE: 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 - Lumbar & Thoracic(Acute & Chronic), MRIs (magnetic resonance imaging): Indications for imaging.

Decision rationale: The claimant has a remote history of a work injury occurring more than 15 years ago. When seen by the requesting provider, however, he had a two-week history of increasing low back pain intermittently radiating to the right lower extremity. Indications for obtaining an MRI would include a history of trauma with neurological deficit and when there are 'red flags' such as suspicion of cancer or infection, when there is radiculopathy with severe or progressive neurologic deficit, a history of prior lumbar surgery, the presence of cauda equina syndrome, or after at least 1 month of conservative therapy. In this case, there are no identified 'red flags' and the claimant's symptoms had been present for only two weeks. Authorization for beginning conservative treatment, consisting of acupuncture, was requested at the same time. Therefore, the requested MRI of the lumbar was not medically necessary.