

Case Number:	CM13-0014543		
Date Assigned:	12/11/2013	Date of Injury:	02/19/2012
Decision Date:	05/14/2014	UR Denial Date:	07/31/2013
Priority:	Standard	Application Received:	08/21/2013

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 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 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 filed a claim for lumbar strain/sprain associated with an industrial injury date of February 19, 2012. Treatment to date has included physical therapy, lumbar support, trigger point injections, TENS unit, transcranial stimulation treatment, and pain medications. Medical records from 2012 through 2013 were reviewed showing the patient complaining of chronic low back pain. She is able to do a little bit of her activities of daily living. An MRI from last year showed 3-level disk disease. The patient has been going to physical therapy; however, she is not doing any stretches or cardiovascular activities outside of this care. The patient sees a psychiatrist for depression and is taking medications for this. The pain is exacerbated by activities and is relieved by rest. The patient has not worked since. On examination, there is notable tenderness along the lumbosacral area with positive facet loading tests. There were spasms noted over the lumbar spine area. Range of motion was restricted. Motor strength, sensory, and reflex testing was normal.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI LUMBER SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM GUIDELINES, LOW BACK COMPLAINTS, 308-310

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004), LOW BACK CHAPTER, PAGE 303-304

Decision rationale: As stated on pages 303-304 of the California MTUS ACOEM Low Back Chapter, imaging of the lumbar spine is supported for red flag diagnoses where plain film radiographs are negative, or have unequivocal objective findings that identify nerve compromise on neurological exam and do not respond to treatment. In this case, the patient complains of chronic low back pain and has had a previous MRI from last year. The patient has been treated with multiple modalities but still complains of chronic low back pain which interferes with activities of daily living and work. However, it would seem that the patient does not perform recommended home exercises. In addition, there were no red flag signs or progression of symptoms on physical exam; neurological exam remains normal. Therefore, the requested MRI of the lumbar spine is not medically necessary