

Case Number:	CM13-0020724		
Date Assigned:	10/11/2013	Date of Injury:	04/06/2013
Decision Date:	01/27/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	09/05/2013

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 Physical Medicine and Rehabilitation 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:

The patient is a 53 year-old injured worker who sustained a low back injury on April 06, 2013, while employed by [REDACTED]. The treating physician noted the patient has refills for Ibuprofen and Flexeril with physical therapy scheduled for the next 2 weeks. The patient stated no change since the last visit. Clinical exam of the lumbar spine indicated, TTP right paraspinal musculature, tight muscles but no spasm noted, decreased flexion, finger to mid-shin, decreased right rotation and left lateral bending; gait slight limp; and gross motor/sensory intact. Diagnoses were Lumbar pain/strain and muscle spasm with treatment for continued physical therapy and refill medications. Progress report dated August 07, 2013 from [REDACTED], noted moderate to severe lower back pain, worse at night. Objective findings only has blood pressure 113/85, pulse 75. Diagnosis was Lumbar sacral spine: pain, strain with treatment to include modified work, limiting to 5 lbs., Orudis NSAID, physical therapy, and MRI of the lumbar spine. The Utilization Review dated August 14, 2013, non-certified the request for MRI of the Lumbar spine without contrast, citing guidelines and medical report findings without neurological deficits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic resonance (EG, PROTON) imaging, spinal canal and contents contents, lumbar; without contrast material: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: According to the ACOEM Treatment Guidelines for the Lower Back Disorders, Criteria for ordering imaging studies such as the requested MR (EG, Proton) spinal canal and contents, lumbar without contrast, include; emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. In this case, however, review of submitted medical reports for the April 06, 2013 low back injury has not adequately demonstrated the indication for MRI of the Lumbar spine nor document of any specific clinical findings to support this imaging study, as multiple reports dated 5/6/13 and 8/14/13 from [REDACTED] demonstrated intact neurological exam with normal motor strength and sensory. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The Magnetic Resonance (EG, PROTON) for spinal canal and contents for Lumbar; without contrast material is not medically necessary and appropriate.