

Case Number:	CM13-0046277		
Date Assigned:	06/09/2014	Date of Injury:	05/24/2012
Decision Date:	07/31/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/11/2013

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 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 injured worker is a 30-year-old male with a reported injury on 05/24/2012. The mechanism of injury was described as a fall. The clinical note dated 10/17/2013, reported that the injured worker complained of low back pain. It was reported that the injured worker rates the lower back pain as a 6/10 to 7/10, aggravated depending on the activity of daily living. The injured worker describes the pain as sharp, but no numbness or tingling. The physical examination of the lumbar spine revealed spasms at the L4-S1 region. The range of motion of the lumbar spine demonstrated forward flexion to 20 inches from the ground and extension to 60% normal. Sensation by pinwheel was within normal limits in both lower extremities. It was also noted the injured worker had no radiating pain to the back or shooting pain up legs in supine or sitting positions. The x-ray of the lumbar spine revealed slight disc space narrowing, although not significant. It was also noted that the lumbar spine mechanical back pain had no evidence of radiculopathy. The injured worker's diagnoses included jaw surgery in 2007. The injured worker's prescribed medication list included naproxen. The provider requested magnetic resonance imaging (MRI) for lumbar spine without contrast. The rationale was not provided within the clinical note. The Request for Authorization was submitted 11/11/2013. The injured worker's prior treatments included physical therapy, medication management, and home exercises. It was reported that the injured worker had no significant improvement with the physical therapy, medication, and home exercises.

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 WITHOUT CONTRAST: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, MRIs (magnetic resonance imaging).

Decision rationale: The request for magnetic resonance imaging (MRI) for the lumbar spine without contrast is not medically necessary. The injured worker complained of lower back pain. The treating physician's rationale for the MRI of the lumbar spine was not provided within the clinical notes. The California MTUS/ACOEM guidelines state unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. The Official Disability Guidelines do not routinely recommend a repeat MRI. A repeat MRI should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation). There is a lack of objective findings or physiological evidence indicating specific nerve compromise per neurological examination to warrant imaging. Therefore, the request is not medically necessary.