

Case Number:	CM13-0049673		
Date Assigned:	12/27/2013	Date of Injury:	08/07/2013
Decision Date:	09/08/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	11/08/2013

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 Anesthesiology, has a subspecialty in Pain Management 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:

This is a 27-year-old male with an 8/7/13 date of injury, when he was lifting a heavy full trash bin to dump the trash when he felt pain in the lower back. A 10/8/13 determination was non-certified, given no red flags or severe or progressive neurologic deficits to warrant the medical necessity of the imaging modality. An 8/9/13 doctor's first report of occupational injury identified tight spasm with certain movements. Pain is rated 10/10 with no radiation down the legs, no tingling or numbness in the extremities. He has been using ice and heat. No medications taken. Exam revealed normal reflex testing, negative straight leg raise (SLR), decreased range of motion, sensation within normal limits, and normal strength to dorsi/plantar flexion of the great toe. Spasm was palpated. Diagnoses include a lumbar strain. Medications were dispensed and physical therapy was recommended. An 8/16/14 medical report identified that the symptoms were getting better. Pain was rated 6/10 without radiation. Exam was again negative for neurologic abnormalities. There was decreased range of motion with pain and spasms. A 9/26/13 report identified continued lumbar pain with no radiation. The patient had physical therapy and chiropractic therapy. The exam was not different from the other exams cited above.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI WITHOUT CONTRAST OF THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: MTUS Guidelines support imaging of the lumbar spine in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, failure to respond to treatment, and consideration for surgery. The patient had continued back pain despite physical therapy, chiropractic manipulation, and medication. However, there is no indication of nerve compromise. The exams provided revealed decreased range of motion with tenderness and spasm, and have not changed over time. There were no red flags of a more significant pathology and no indication of a consideration for surgery. As such, the request is not medically necessary.