

Case Number:	CM13-0050229		
Date Assigned:	02/20/2014	Date of Injury:	07/24/2007
Decision Date:	08/20/2014	UR Denial Date:	11/01/2013
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 Illinois. 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 36-year-old male who reported an injury on 07/24/2007. The mechanism of injury was not documented within the medical records submitted for this request. The injured worker's treatments were noted to be chiropractic care and medications. His diagnoses was noted to be post traumatic lumbar musculoligamentous sprain/strain with myofasciitis, lumbar radiculopathy, and lumbar muscle spasm. The injured worker had a clinical evaluation on 08/01/2013. The injured worker's complaints were mild to moderate achy, sharp neck pain. The injured worker also complained of sharp upper/mid back pain. He complained of moderate stabbing, throbbing low back pain becoming severe, radiating down both legs with repetitive movement and bending. The objective findings included tenderness to palpation of the C4-7 spinous processes and cervical paravertebral muscles. There was muscle spasm of the cervical paravertebral muscles. Of the thoracic spine, there was tenderness to palpation over the thoracic paravertebral muscles. Regarding the lumbar spine, there was tenderness to palpation over the L3-S1 spinous processes and lumbar paravertebral muscles. The treatment plan included an ortho consult for the cervical and lumbar spine and a referral to pain management and sleep studies. The provider's rationale for the request was not provided within the documentation. A request for authorization for medical treatment was not provided within the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI LUMBAR SPINE WITHOUT CONTRAST: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

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, MRI's.

Decision rationale: The California MTUS/American College of Occupational and Environmental Medicine state unequivocal objective findings that identify a specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in injured workers who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear; however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminate imaging will result in false positive findings, such as disc bulges, that are not the source of painful symptoms and do not warrant surgery. The Official Disability Guidelines state MRIs are recommended for indications, such as lumbar spine trauma, neurological deficit, seat belt fracture, uncomplicated low back pain, suspicion of cancer, infection, and "red flags." MRIs are indicated for uncomplicated low back pain with radiculopathy after at least 1 month of conservative therapy and sooner with progressive neurological deficits. The guidelines continue to recommend MRIs for prior lumbar surgery, myelopathy, traumatic or painful sudden onset of/or slowly progressive infectious disease pain. In addition, MRIs are indicated for oncology patients and postsurgery patients to evaluate the status of a fusion. According to the objective findings, the injured worker does not have indications acceptable according to the criteria set by the guidelines to warrant an imaging study. Documentation failed to provide information on failed conservative therapy. Therefore, the request for an MRI of the lumbar spine without contrast is not medically necessary and appropriate.