

Case Number:	CM13-0060807		
Date Assigned:	12/30/2013	Date of Injury:	10/07/2013
Decision Date:	06/03/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	11/27/2013

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 is an employee of [REDACTED] and has submitted a claim for low back pain with an industrial injury date of October 7, 2013. Treatment to date has included medications and chiropractic treatment. Medical records from 2013 were reviewed, which showed that the patient complained of low back pain, 5/10, accompanied by right leg and thigh numbness. On physical examination, straight leg raise test was positive. There was also decreased sensation at L5 dermatome, right. An x-ray of the lumbar spine dated 10/14/13 showed hypoplastic left rib at T12 and suggestion of poorly visualized minimal SBO S1 versus summation artifact and possibility of a poorly visualized unilateral pars defect at L5 versus summation artifact not completely excluded, but no spondylolisthesis or other significant abnormalities. Utilization review from November 27, 2013 denied the request for lumbar MRI because the clinical notes lacked evidence of a thorough physical exam of the patient as well as submitted documentation of exhaustion of conservative treatment or failure to progress with conservative treatment prior to the requested imaging study.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR MRI: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS American College of Occupational and Environmental Medicine (ACOEM), Chapter 12, page 303 Online Edition.

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

Decision rationale: According to pages 303-304 of the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Low Back Chapter, imaging of the lumbar spine is supported 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. In this case, a comprehensive neurologic examination showing unequivocal objective findings that identify specific nerve compromise was not indicated in the medical records. There was also no report of red flag signs. In addition, there was no discussion regarding failure of treatment and future surgical plans. Furthermore, guidelines state that indiscriminant imaging will result in false positive findings. There is no clear indication for lumbar spine imaging; therefore, the request for Lumbar MRI is not medically necessary.