

Case Number:	CM13-0062286		
Date Assigned:	07/02/2014	Date of Injury:	08/26/2013
Decision Date:	08/05/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/06/2013

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 Family Practice and is licensed to practice in Mississippi and Texas. 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 39 year old female who reported an injury on 08/26/2013 due to continuous trauma from lifting boxes. The injured worker complained of moderate constant back pain that intermittently radiated into her lower extremities. There was no measurable pain noted in report. Physical examination revealed that the injured worker's lumbar spine had a flexion of 70 degrees and an extension of 10 degrees. The injured worker also had diffused paravertebral tenderness with spasms. Straight leg raising test was negative bilaterally while injured worker was in sitting position. The injured worker has diagnoses of low back syndrome, lumbar/lumbosacral disc degeneration and lumbar herniated nucleus pulposus. The injured worker had home heat/ice packs, a home exercise program, physical therapy and medication therapy. Medications include Cyclobenzaprine 10mg 1 tablet at bedtime PRN, Ibuprofen 800mg 1 tablet 3 times a day, Norco 10/325mg 1 tablet every 12 hours PRN and Voltaren 1% gel apply 2 g to affected area 4 times a day PRN. The treatment plan is for MRI of the lumbar spine. The rationale was not submitted for review. The request for authorization was submitted on 11/14/2013 by [REDACTED].

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 303-305.

Decision rationale: The request for MRI of the lumbar spine is non-certified. The injured worker complained of moderate constant back pain that intermittently radiated into her lower extremities. The California Medical Treatment Utilization Schedule (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. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue. Given the above the injured worker is not within ACOEM guidelines. The injured worker's report revealed that she had complaints of pain that radiated to her lower extremities. However, the report also revealed that the injured worker had a negative straight leg raise and her sensation was intact to the lower extremities, which did not support that the injured worker had any soft tissue deficits or any nerve dysfunctions. It was also noted in the submitted report that the injured worker was receiving physical therapy treatment. The reports lacked any evidence as to whether the PT was being effective or ineffective. The report lacked the injured worker's progress with conservative care and physical therapy. As such, the request for MRI of the lumbar spine is not medically necessary and appropriate.