

Case Number:	CM13-0063918		
Date Assigned:	12/30/2013	Date of Injury:	10/13/2011
Decision Date:	12/10/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/10/2013

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:

This is a 34-year-old male with a 10/13/11. The patient was breaking up some concrete with a jackhammer and developed low back pain. According to the most recent report provided for review, dated 9/30/13, the patient complained of constant right lower back pain which radiated to the left lower back when his back "flared up". Intermittently it radiated down the right leg to just below his right knee and caused numbness and tingling in that distribution. Objective findings: right greater than left paralumbar muscular tenderness and guarding on palpation, decreased lumbar spine motion, motor testing and sensory testing of all the major sensory dermatomes of both lower extremities was normal. A lumbar MRI dated 1/12/12 revealed: L2-3: minimal bulge, mild facet hypertrophy; L3-4: 3mm bulging disc, moderate facet hypertrophy, mild left neuroforaminal narrowing; L4-5: 2mm bulging disc, moderate facet hypertrophy, mild to moderate right neuroforaminal narrowing and L5-S1: right paracentral bulge causing displacement of the right S1 nerve root, mild facet hypertrophy and mild bilateral neuroforaminal narrowing. Diagnostic impression: chronic lumbar strain and right lower extremity radiculopathy. Treatment to date: medication management, activity modification, therapy, work conditioning, ESI, home exercise program. A UR decision dated 11/21/13 denied the request for lumbar MRI. A specific rationale for denial was not available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI lumbar without contrast: 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): 303-304, Chronic Pain Treatment Guidelines Low Back Complaints Chapter.

Decision rationale: CA MTUS supports 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. According to the reports reviewed, there is no documentation of focal neurological deficits noted on physical examination. It is noted that motor testing and sensory testing of all the major sensory dermatomes of both lower extremities was normal. In addition, there is no documentation of interval changes since the previous MRI and there is no indication on physical exam or subjective complaints, and no red flags, to support the medical necessity for a new MRI. Furthermore, there is no documentation as to failure of conservative management. Therefore, the request for MRI Lumbar Without Contrast was not medically necessary.