

Case Number:	CM13-0066162		
Date Assigned:	03/03/2014	Date of Injury:	12/16/2009
Decision Date:	08/05/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/16/2013

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 Emergency 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 has a reported date of injury of 12/16/2009. The patient notes numbness and tingling in both hands. The patient has a diagnosis of cervical disc degeneration and neck pain. All the reports tend to deal with neck pains. The only note that mentions lumbago was in note from 9/16/13 but there is no pain of lower back on exam and only a mention of lower back pain after a 10mile walk. A note on 11/12/13 reports that the low back pain is chronic and occurred after the lifting incident on 12/16/2009, although there is not a single mention of it in prior notes. The patient complains of lower thoracic/lumbar region. The patient has bilateral sciatica pain with right worst than the left side. No loss of bowel or bladder continence was noted. Pain is 5/10, burning, aching, constant, and worsens by activity. An objective exam of the lower back notes normal back and lower extremity. There is no provided proper neurological exam, straight leg raise, or other standard exams. The patient reportedly completed physical therapy of neck. The patient also has had epidural steroid injections of cervical spine. The MRI of lumbar spine was requested with no rationale or reasoning provided in the note. The patient is reportedly on Celebrex, Gabapentin and Flexeril. A prior UR on 12/5/13 recommended non-certification due to lack of required information.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR MRI WITHOUT CONTRAST: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304-309.

Decision rationale: As per the ACOEM Guidelines, imaging of low back complaints carries significant false positive risks and diagnostic confusion. Imaging should be reserved for patients under surgical consideration or red flag diagnosis. It is not recommended in patients with no red flags and less than 1 month of back pains. The documentation does not support any red flag diagnosis and the patient's pain has never once been documented in the many visits prior to the requests. There has not once been a single conservative attempt in management of the low back pains recorded. The documentation does not support any medical need for imaging. As such, the request is not medically necessary and appropriate.