

Case Number:	CM13-0070672		
Date Assigned:	05/07/2014	Date of Injury:	04/25/2007
Decision Date:	09/29/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	12/24/2013

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 31-year-old male who reported an injury on 04/25/2007. The mechanism of injury was a fall. The diagnoses included lumbar facet joint pain L2 through L4, left sacroiliac joint pain, healed pelvic fracture, low back pain, neck pain, headache, thoracic pain, knee joint pain, elbow pain, wrist pain, chronic pain. The previous treatment included medication and injections. The diagnostic testing included an MRI of the lumbar spine on 01/11/2008. Within the clinical note dated 11/18/2013 it was reported the injured worker complained of pain in the low back, left more than right. He reported radiating of the pain into the inguinal regions, bilaterally but more on the right into the groin and hip. Upon the physical examination the provider noted the injured worker had decreased tenderness over the dorsal aspect of the radial carpal joints bilaterally with less swelling and improved range of motion. The injured worker had a positive straight leg raise on the left causing low back, left lower extremity pain. The provider noted the lumbar spine flexion was minimally painful, really easy but coming back up was moderately painful. The provider noted the injured worker's spring test caused groin pain, consistent with possible sacroiliac component. Lower extremities were grossly normal without observable abnormality. The provider noted the lumbar facet joint pain on the right mid levels L2 through L4 and left sacroiliac joint pain with possible left lumbosacral radiculopathy or plexus injury. The request submitted is for lumbar MRI, and ultrasound of the low back. However, a rationale was not provided for clinical review. The Request for Authorization was submitted and dated on 11/27/2013.

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

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

Decision rationale: The request for a lumbar MRI is not medically necessary. The California MTUS/ACOEM Guidelines state that objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery as an option. When the neurological examination is less clear; however, further physiological evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminate imaging will result in a false by positive finding, such as disc bulges that are not the source of painful symptoms and do not warrant surgery. Imaging studies should be reserved for cases in which surgery is considered or a red flag diagnosis are being evaluated. There is lack of significant neurological deficits such as decreased sensation or motor strength in a specific dermatomal or myotomal distribution. There is lack of documentation regarding the failure of conservative treatment. In addition, there is no indication of red flag diagnoses or the intent to undergo surgery requiring an MRI. The request submitted did not demonstrate the medical necessity for imaging. Therefore, the request is not medically necessary.

Ultrasound low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Improvement Measures.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) , Low Back, Ultrasound.

Decision rationale: The request for an ultrasound of the low back is not medically necessary. The Official Disability Guidelines note ultrasounds are not recommended for diagnosis of low back conditions. In uncomplicated low back pain its use would be experimental at best. The guidelines do not recommend the use of an ultrasound for low back conditions. Therefore, the request is not medically necessary.