

Case Number:	CM13-0071225		
Date Assigned:	01/08/2014	Date of Injury:	02/25/2010
Decision Date:	06/06/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	12/28/2013

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, associated with an industrial injury date of February 25, 2010. Treatment to date has included lumbar epidural injection and nerve block, physical therapy, acupuncture, home exercise program, and medications which include Tylenol, Vicodin, and Voltaren Gel. Medical records from 2010-2013 were reviewed the latest of which dated October 3, 2013 which revealed that the patient was overall well. On physical examination, there is tenderness in the lumbar paraspinal muscles with no guarding and no spasm. There is limitation in range of motion of the lumbar spine with flexion up to 80 degrees, extension up to 20 degrees, right and left lateral bending up to 20 degrees. Motor strength is 5-/5 in the left lower extremity. There is diminished sensation over left L5 dermatome. MRI of the lumbar spine done last July 2010 revealed left paracentral disc protrusion at L3-4, facet arthropathy, causing neural impingement, small disc protrusion at L4-5 with central stenosis and lateral recess narrowing, mild to moderate. Utilization review from December 18, 2013 denied the request for MRI of the lumbar spine without dye because the patient has completed an unspecified number of physical therapy visits and acupuncture visits to date, and any surgical procedure related to the injury was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI LUMBAR SPINE W/O DYE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, CURRENT ONLINE VERSION, LOW BACK - LUMBAR AND THORACIC, (ACUTE AND CHRONIC).

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

Decision rationale: Pages 303-304 of the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) state that 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. MRI is moderately recommended for patients with subacute or chronic radicular pain, syndromes lasting at least 4 to 6 weeks in whom the symptoms are not trending towards improvement. In this case, there is no unequivocal objective of neurologic deficit in the lower extremities. The patient had previous physical therapy and acupuncture visits, however, outcome from these sessions were not specified. Also, there is no evidence of a planned surgical treatment for the chronic low back pain warranting further diagnostic imaging, therefore, the request for MRI of the lumbar spine without dye is not medically necessary.