

Case Number:	CM13-0071719		
Date Assigned:	01/08/2014	Date of Injury:	09/06/2012
Decision Date:	08/04/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/30/2013

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 & 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:

The injured worker is a 35-year-old male who reported an injury on 09/06/2012. The mechanism of injury was noted to be picking up a heavy instrument. The injured worker's prior treatments were noted to be chiropractic care, physical therapy, acupuncture, injections, and occupational therapy. The injured worker's diagnoses were noted to be disc herniation, lumbar spine; severe lateral recess stenosis; and intractable back pain. The injured worker had a clinical evaluation on 11/14/2013. He had complaints of intermittent moderate low back pain, especially after waking up. He indicated the pain was worsened with prolonged sitting and standing. Objective findings included tenderness to palpation on the paralumbar musculature. There was restricted range of motion due to complaints of discomfort and pain. There were muscle spasms noted. The treatment plan included a request for physical therapy for the lumbar spine. The provider's rationale for the request was not provided within the documentation. A request for authorization for medical treatment was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Magnetic resonance imaging.

Decision rationale: 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. The Official Disability Guidelines recommend MRIs of the lumbar spine for trauma, neurological deficits, and fractures. MRIs are the test of choice for patients with prior back surgery, but for uncomplicated low back pain with radiculopathy it is not recommended until after at least 1 month of conservative therapy, sooner if severe or progressive neurological deficit. Repeat MRIs are not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (tumor, infection, fracture, nerve compression, recurrent disc herniation). The injured worker's clinical evaluation does not indicate a new finding to warrant a repeat MRI at this time. The injured worker does not have any findings of tumor, infection, fracture, nerve compression, or recurrent disc herniation. The injured worker's clinical examination does not note 1 month of conservative care. Therefore, the request is not medically necessary.