

Case Number:	CM13-0072218		
Date Assigned:	04/04/2014	Date of Injury:	01/03/2013
Decision Date:	05/08/2014	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 and Rehabilitation, and is licensed to practice in Arizona. 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 a 30-year-old male with a date of injury of 1/3/13. The mechanism of injury was pulling four packages weighing 75 pounds up a ramp. He subsequently developed acute onset of low back pain. Subsequently, he has received physical therapy, and pain medications, as well as one epidural injection; a second epidural injection was denied. MRI of the lumbar spine on 5/4/13 showed small disc contusion at L5-S1 with mild central canal stenosis and mild disc degeneration. The patient continued to complain of low back pain radiating to the left buttock and left leg. On 11/26/13, he was examined by a physician; straight leg raising test was positive at 90°, and lumbosacral tenderness was noted. Based on these findings, a repeat MRI of the lumbar spine without contrast and another epidural injection was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR SPINE MRI WITHOUT CONTRAST: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, Chronic Pain Treatment Guidelines Low Back Complaints Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

Decision rationale: This injured worker does complain of back and left lower extremity pain, but it is not clear whether it is radicular pain, the description is inadequate. There is no information regarding any neurological deficit such as weakness, sensory deficit or reflex changes in the available medical records. The MRI in May 2013 showed a small disc protrusion at the L5-S1 level without definite nerve root compression. Therefore, without a clear documentation of nerve root impingement clinically or by electrodiagnostic testing, it would be difficult to recommend new MRI of the lumbar spine. There has to be significant change in symptoms and/or findings suggestive of significant pathology. Evidence based guidelines clearly state that documentation of neurological pathology such as radiculopathy or nerve root impingement or red flags should be present in order to recommend diagnostic studies such as MRI. As such, the request is noncertified.