

Case Number:	CM14-0000327		
Date Assigned:	01/10/2014	Date of Injury:	08/10/2012
Decision Date:	05/29/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/02/2014

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 Internal Medicine and is licensed to practice in District of Columbia and Virginia. 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:

This patient who sustained a back injury on Aug 10 2012. This was caused after lifting many cases of soda at work. The patient had lumbar MRI on Sept 27 2012, showing multiple levels of diffuse broad based bulging at multiple levels. He saw [REDACTED] on Feb 28, 2013 for back pain. He was prescribed prednisone taper, norco, norflex and mobiq. He saw [REDACTED] on Mar 13, 2013 for back pain. He had injections of trigger points. He was prescribed norco, zanaflex and mobiq. He saw [REDACTED] on July 29 2013 for back pain. He had an acupuncture treatment prescribed. He was prescribed norco, zanaflex and mobiq. He was seen by [REDACTED] on Dec 9, 2013 for a flare up of his back pain. He was diagnosed with discogenic and myofascial low back pain and had an MRI of the lumbosacral spine reordered. He was also prescribed Norco and Soma, in addition to Mobiq.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE LUMBAR SPINE: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

Decision rationale: The patient had ongoing back pain issues following injury and was found to have a flare up on repeat visits. Per ACOEM guidelines, an MRI of the lower back has shown efficacy in the setting of spine trauma with neurologic deficit, suspicion of cancer, uncomplicated low back pain with radiculopathy after at least one month of conservative therapy or progressive myelopathy. The medical file does not document radiculopathy with failure to respond to 4 weeks of conservative therapy, progressive neurological deficit, myelopathy or suspicion of cancer. Per the clinical documentation provided, it is shown that the patient had several months of conservative medical therapy, in addition to trigger point injections and acupuncture. Despite this, the patient had persistent pain. Repeat imaging with an MRI of the lumbar spine would be reasonable given the therapeutic interventions lack of success and persistence of symptoms documented by the examining physician. Therefore, the request for MRI of the Lumbar Spine is medically necessary and appropriate.