

Case Number:	CM14-0002228		
Date Assigned:	01/24/2014	Date of Injury:	10/15/2013
Decision Date:	07/02/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	01/07/2014

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 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 a 47-year-old male who has submitted a claim for lumbar sprain/strain associated with an industrial injury date of October 15, 2013. Medical records from 2013 to 2014 were reviewed. The patient complained of constant lower back pain with radiation to the right leg with numbness and tingling. Physical examination showed bilateral paravertebral and sacroiliac joint tenderness, bilateral paravertebral muscle spasms, pain in the lower back with straight leg raising, positive Fabere's bilaterally, and restricted ROM at forward flexion of 40 degrees, extension of 10 degrees, and right and left lateral flexion of 15 degrees. Motor testing, reflexes, and sensation were unremarkable. Atrophy was not evident. There is no imaging studies included in the medical records reviewed. Treatment to date has included NSAIDs and physical therapy. Utilization review from December 16, 2013 denied the request for MRI of the lumbar spine due to lack of detailed neurologic examination and red flag findings.

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: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Lumbar spine-MRI: Thoracic/Lumbar spine trauma.

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

Decision rationale: According to pages 303-304 of the ACOEM Practice Guidelines, imaging of the lumbar spine is supported in patients with unequivocal objective findings that identify specific nerve compromise on the neurologic examination, and who do not respond to treatment, and who are in consideration for surgery. In this case, the patient complained of constant lower back pain radiating to the right leg with numbness and tingling sensation. However, there are no clear reports of failure of oral pain medications and physical therapy. In addition, physical examination findings failed to provide evidence of neurologic compromise. Furthermore, there was no indication that patient is a candidate for surgery, which may warrant MRI to clarify the anatomy. Therefore, the request for MRI of the lumbar spine is not medically necessary.