

Case Number:	CM14-0003237		
Date Assigned:	03/03/2014	Date of Injury:	02/02/2012
Decision Date:	06/30/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/09/2014

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 Anesthesiology/Pain Medicine and is licensed to practice in Florida. 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 28 year old male who reported an injury on 02/02/2012. Per the clinical note dated 12/18/2013 the injured worker has completed 12 physical therapy sessions; however, the injured worker still reported pain at 4/10 to the cervical and lumbar spine. Flexion of the lumbar spine was decreased to 70 degrees, other lumbar range of motion values were normal. Bilateral straight leg raise was negative. The diagnoses for the injured worker included acute cervical strain, rule out disc herniation and acute lumbosacral strain, rule out disc herniation. In the review of the medical record dated 09/14/2013 there was mention of an x-ray of the lumbar spine on 02/02/2013 that reported mild degeneration disc narrowing at L5-S1. The remainder of the lumbar vertebrae and interspaces appeared normal. The request for authorization for medical treatment was dated 05/17/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI WITHOUT CONTRAST FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Table 12-8. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG) Low back complaints, magnetic resonance imaging.

Decision rationale: Per ACOEM Guidelines CT or MRI are recommended when cauda equina, tumor, infection, or fractures are strongly suspected and plain film radiographs are negative. Per the Official Disability Guidelines an MRI, although excellent at defining tumor, infection, and nerve compression, can be too sensitive with regard to degenerative disease findings and commonly displays pathology that is not responsible for the patient's symptoms. A recent trial found no benefit to routine lumbar imaging for low back pain without indications of serious underlying conditions, and recommends that clinicians should refrain from routine, immediate lumbar imaging in these patients. Indications for MRI include trauma with neurological deficit, suspicion of cancer or infection, other red flags, prior lumbar surgery, radiculopathy, or myelopathy. There was a lack of documentation reporting any of the above conditions related to the injured worker. In addition, a previous x-ray of the lumbar spine reported only mild degenerative disc narrowing at L5-S1 and no other conditions to the lumbar spine. Within the medical records there was a lack of documentation of significant findings upon physical exam indicative of significant neurologic deficit. Therefore, the request for an MRI without contrast for the lumbar spine is not medically necessary.