

Case Number:	CM14-0004027		
Date Assigned:	02/05/2014	Date of Injury:	10/31/2013
Decision Date:	06/20/2014	UR Denial Date:	12/16/2013
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 Physical Medicine and 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:

According to the records made available for review, this is a 31-year-old female with a 10/31/13 date of injury. At the time (12/3/13) of request for authorization for outpatient lumbar spine MRI L2-S1, there is documentation of subjective (low back pain with numbness and tingling in the lower extremities) and objective (antalgic gait; and tenderness to palpation over the thoracolumbar spine and paravertebral musculature with spasms and restricted range of motion) findings, current diagnoses (lower back contusion and lumbar sprain/strain), and treatment to date (activity modification, physical therapy, and medications). In addition, medical report identifies lumbar x-rays were reviewed for fracture. Furthermore, medical report plan identifies continue medications and MRI of the lumbar spine to evaluate for persistent pain and to rule out fracture. There is no documentation of red flag diagnoses where plain film radiographs are negative; objective findings that identify specific nerve compromise on the neurologic examination, failure of conservative treatment, and that the patient is being considered for surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT LUMBAR SPINE MRI L2-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Low Back Complaints ACOEM guidelines identifies documentation of red flag diagnoses where plain film radiographs are negative; objective findings that identify specific nerve compromise on the neurologic examination, failure of conservative treatment, and who are considered for surgery, as criteria necessary to support the medical necessity of MRI. Within the medical information available for review, there is documentation of diagnoses of lower back contusion and lumbar sprain/strain. In addition, there is documentation of conservative treatment (activity modification, physical therapy, and medications). However, despite documentation that lumbar x-rays were reviewed for fracture, there is no (clear) documentation of red flag diagnoses where plain film radiographs are negative. In addition, despite documentation of objective findings (antalgic gait; and tenderness to palpation over the thoracolumbar spine and paravertebral musculature with spasms and restricted range of motion), there is no documentation of objective findings that identify specific nerve compromise on the neurologic examination. Furthermore, given documentation of a plan identifying continue medications, there is no documentation of failure of conservative treatment. Lastly, there is no documentation that the patient is being considered for surgery. Therefore, based on guidelines and a review of the evidence, the request for outpatient lumbar spine MRI L2-S1 is not medically necessary.