MAXIMUS Federal Services

Case Number:	CM14-0107132		
Date Assigned:	08/01/2014	Date of Injury:	09/21/2013
Decision Date:	10/09/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/10/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 47 year old female who sustained an injury to her low back on 09/21/13 while she was carrying belts that were strapped on her waist; she was working in a wet field when she had a slip and fall, impacting her buttocks and low back. Treatment to date included 12 visits of chiropractic therapy, 12 visits of physical therapy, NSAIDs, opioid analgesics, and muscle relaxers. Magnetic resonance imaging (MRI) of the lumbar spine without contrast dated 12/10/13 revealed L4-5 mild spondylosis, but no disc herniation or stenosis; radiologist stated that there was mild entire listhesis that was not necessarily appreciated on this study. Clinical note dated 05/19/14 reported that the injured worker continued to complain of low back pain. On physical examination, the injured worker demonstrated relatively fluid movement patterns, moving from sitting to standing position and standing to lying position in the examination room. The physical examination also noted marked tenderness in the paraspinals throughout the thoracic spine/lumbar spine and in the gluteals. Slightly greater right than left gluteal tenderness with trigger points; deep tendon reflexes +1-2/5 bilaterally symmetric in the patellar/Achilles tendons; injured worker was diagnosed with chronic low back and sacrococcygeal pain, sacrococcygeal contusion, possible lumbar degenerative disc disease, reactive myofascial pain syndrome paraspinous and bilateral gluteal musculature, possible post-menopausal obesity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Imaging (MRI) of the lumbosacral spine per report date 5/19/2014, QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back chapter, MRIs (magnetic resonance imaging)

Decision rationale: The request for MRI of the lumbosacral spine is not medically necessary. Previous request was denied on the basis that there was no information regarding the outcome of the prior course of conservative care including 12 visits of chiropractic therapy, 12 visits of physical therapy, and medications specified in the record reviewed to substantiate the need for MRI. Generally, an MRI is considered when there is a suboptimal response to conservative care. As the outcome of the treatment is not specified, the request was not deemed as medically appropriate. There was no report of a new acute injury or exacerbation of previous symptoms. There was no mention that a surgical intervention was anticipated. There was no indication that plain radiographs were obtained prior to the request for more advanced MRI. There were no additional significant 'red flags' identified. Given this, the request for MRI of the lumbosacral spine is not indicated as medically necessary.