

Case Number:	CM14-0109240		
Date Assigned:	08/04/2014	Date of Injury:	03/12/2013
Decision Date:	09/10/2014	UR Denial Date:	06/14/2014
Priority:	Standard	Application Received:	07/14/2014

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:

The injured worker is a 45-year-old male who reported an injury on 03/12/2013. The mechanism of injury was not provided for clinical review. The diagnoses include lumbar strain with left sided radiculitis and right shoulder and upper extremity pain. Previous treatments included physical therapy and medication. Diagnostic testing included x-rays. Within the clinical note dated 03/10/2014 it was reported the injured worker complained of low back pain with some numbness in the left lower extremity. He complained of pain in the right upper extremity. Upon examination of the lumbar spine the provider noted tenderness at L4-5 with some tenderness going into the sacrum and coccyx. The injured worker had good range of motion. The injured worker had a negative bilateral straight leg raise. The provider requested for an MRI of the lumbar spine. However, the rationale was not provided for clinical review. The Request for Authorization was submitted and dated on 06/06/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of Lumbar spine w/o dye: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305..

Decision rationale: The request for MRI of the lumbar spine without dye is not medically necessary. The California MTUS/ACOEM Guidelines state clinical objective findings that identify specific nerve compromise on the neurological exam are sufficient evidence to warrant imaging of patients who do not respond to treatment and who would consider surgery as an option. When the neurological examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminate imaging will result in a false by positive finding, such as disc bulges that are not the source of the painful symptoms and do not warrant surgery. Imaging studies should be reserved for cases in which surgery is considered or red flag diagnoses are being evaluated. There is lack of documentation indicating neurological deficits of the lumbar spine which would warrant further evaluation with imaging. There is lack of documentation indicating the injured worker had decreased strength or reflexes. There is lack of documentation indicating the injured worker's treatment for radiculopathy. The clinical documentation submitted indicated the injured worker has had improvement with conservative therapy. In addition, there is no indication of red flag diagnosis or the intent to undergo surgery requiring an MRI. The rationale for the request was not provided. Therefore, the request is not medically necessary.