MAXIMUS Federal Services

Case Number:	CM14-0018324		
Date Assigned:	04/18/2014	Date of Injury:	07/22/2005
Decision Date:	06/30/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/13/2014

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 an employee of [redacted] and has submitted a claim for lumbar spine pain with an industrial injury date of July 22, 2005. Treatment to date has included medications, facet injections, and rhizotomies. Medical records from 2011 through 2013 were reviewed, which showed that the patient complained of constant sharp lumbar spine pain, right greater than the left. There was also stiffness and soreness. On physical examination, there was pain on range of motion. Utilization review from January 31, 2014 denied the request for magnetic resonance imaging (MRI) without contrast, lumbar spine, because there was no objective evidence of progressive neurological deficit.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI WITHOUT CONTRAST 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 MTUS: ACOEM GUIDELINES, LOW BACK COMPLAINTS,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004), LOW BACK CHAPTER, PAGE 303-304

Decision rationale: According to pages 303-304 of the Chronic Pain Medical Treatment Guidelines, imaging of the lumbar spine is supported in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination; failure to respond to treatment; and consideration for surgery. In this case, a comprehensive neurologic examination showing unequivocal objective findings that identify specific nerve compromise were not indicated in the medical records. There was also no report of red flag signs. In addition, there was no discussion regarding failure of treatment and future surgical plans. Furthermore, guidelines state that indiscriminant imaging will result in false positive findings. There is no clear indication for lumbar spine imaging; therefore, the request for magnetic resonance imaging (MRI) without contrast, lumbar spine is not medically necessary.