

Case Number:	CM14-0117634		
Date Assigned:	08/06/2014	Date of Injury:	04/02/2014
Decision Date:	11/17/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	07/28/2014

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, has a subspecialty in Interventional Spine 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 a 58-year-old male with an injury date of 04/02/2014. According to the 04/04/2014 progress report, the patient complains of having lower back pain. He rates his pain as a 6/10 and has spasm and stiffness. The 04/07/2014 report indicates that the patient has improved by 70%. The patient's diagnoses include the following: 1. Enthesopathy, spine. 2. Spasm: Back. 3. Strain: Lumbosacral. The utilization review determination being challenged is dated 07/15/2014. Treatment reports were provided from 04/04/2014 and 04/07/2014 (minimal information provided).

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbar spine without contrast: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, MRI

Decision rationale: According to the 04/04/2014 progress report, the patient complains of having lower back pain with spasm and stiffness. The request is for an MRI of the lumbar spine without contrast. The report with the request was not provided. The 2 provided reports do not indicate if the patient has previously had an MRI done of the lumbar spine. ODG Guidelines recommend MRI for non-traumatic spine for evidence of radiculopathy with failure of conservative care or clear neurologic deficit. ACOEM Guidelines, chapter 12, page 303 states: "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." In this case, there is no documentation of any radiating leg symptoms to be concerned about nerve root lesions such as HNP/stenosis or other conditions. There are not ref flags such as suspicion for infection/bleed/fracture/bowel/bladder issues to consider an MRI. There is no anticipation of surgery. The request is not medically necessary.