

Case Number:	CM14-0121421		
Date Assigned:	08/06/2014	Date of Injury:	05/20/2014
Decision Date:	09/11/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	07/31/2014

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 Family Medicine, and is licensed to practice in New Jersey. 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 worker is a 34 year old female who was injured on 5/20/14 involving her back while moving a heavy bedridden patient. She was diagnosed with lumbosacral strain and intermittent lumbar radiculopathy of the right leg. She was treated with medications and physical therapy, and was able to return to work on modified duty. An x-ray was taken of her lumbar area which showed scoliosis with convexity to the left and mild degenerative changes. On 6/25/14, the worker was seen by her treating physician complaining of at first having right thigh pain after the injury (along with low back pain), but the thigh pain had since resolved since taking ibuprofen. She did complain, however, of her low back pain and now only intermittent radiation to the right thigh/gluteal area rated at 6/10 on the pain scale. The physical examination revealed tenderness to the right L5-S1 area, left L4 area, and the straight leg raise was negative. Heel-toe walking, deep tendon reflexes were all normal. No sensory testing was documented. She was then recommended she get a lumbar MRI, continue her medications daily, complete her physical therapy, and continue to work, but with the same restrictions as before.

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: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC Low Back Procedure Summary: Indications for magnetic resonance imaging.

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

Decision rationale: The MTUS ACOEM Guidelines state that for lower back complaints special studies, including MRI, should not be routinely recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even in settings where the pain has persisted for at least 6 weeks. However, it may be appropriate when the physician believes it would aid in patient management as long as this was specifically documented with a clear reasoning and follow-up plan with the predicted results, such as surgery or other procedures that might benefit from imaging before proceeding. In the case of this worker, the requesting physician documented the worker's subjective and objective findings (physical examination), which did not clearly indicate any red flags, and also did not clearly confirm any neurological compromise. Also, no discussion of reasoning or follow-up treatment plans (surgery, injections, etc.) that might warrant MRI studies. Therefore, the lumbar MRI is not medically necessary.