

Case Number:	CM14-0125055		
Date Assigned:	08/11/2014	Date of Injury:	05/14/2014
Decision Date:	10/14/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/07/2014

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 claimant was injured on 05/14/14. She was treated in an emergency department on 05/16/14. She stated it was worse. She had no numbness or tingling and no urinary or bowel symptoms. She could not sit due to pain. There was mild tenderness of the paraspinal muscles. X-rays were unremarkable. She received medication. There was no evidence of cauda equina syndrome and lumbar sprain was suspected. On 05/22/14, she saw [REDACTED] and was taken out of work for a week. She was diagnosed with disc displacement and sciatica. She was given medications. There were no sensory changes or abnormal reflexes. She had restricted range of motion. Chiropractic treatment was ordered on 05/28/14 for acute facet syndrome versus disc displacement. She reported being improved. She was given a back support and medication. She saw [REDACTED] on 06/04/14 and had left hip pain at level 5/10 and radiated to the left buttock. She had a slowed gait with tenderness and spasm of the buttocks and weakness in the lower extremities. Straight leg raise was positive at 45 on the right and 20 on the left. She had a positive Patrick-FABERE test and restricted range of motion with tenderness and spasm. She had restricted range of motion with weakness of the lower extremities. She had a slow gait. The diagnosis was sciatica. She remained out of work. An MRI was ordered. Straight leg raise was described as positive but is not fully described. On 06/16/14, additional chiropractic was ordered. She was able to return to work with restrictions.

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 w/o 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.

Decision rationale: The history and documentation do not objectively support the request for an MRI of the lumbar spine. The MTUS state "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. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computed tomography [CT] for bony structures). Electromyography (EMG), including H reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks." In this case, there is no evidence of a trial and failure of a reasonable course of conservative care, including an exercise program, local modalities, and the judicious use of medications. There are no new or progressive focal neurologic deficits for which this type of imaging study appears to be indicated. There is no evidence that urgent or emergent surgery is under consideration. The claimant improved with treatment and was able to return to restricted work. The medical necessity of this request for an MRI of the lumbar spine has not been clearly demonstrated.