

Case Number:	CM14-0126764		
Date Assigned:	08/13/2014	Date of Injury:	03/07/2013
Decision Date:	09/11/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/11/2014

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 and Environmental Medicine, has a subspecialty in Public Health and is licensed to practice in West Virginia. 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:

Individual is a 59 year old female with a 3-7-13 date of industrial injury. Subjective symptoms include lumbar spasm and pain, ranging 7/10 to 10/10, with intermittent bilateral leg pain and numbness. Objectively, the individual has limited range of motion with painful extension and tenderness. Her straight leg raise test, as well as Lasegue's test, were both positive on the right side. There were reported radicular symptoms on the left but no reproducible radiculopathy with ranging or straight leg test. The medical records did not include any imaging since her 3-7-13 injury. The patient takes Ultram for pain. She reports no decrease in pain symptoms with prior injections. She is currently getting physical therapy. The Utilization Review dated 7-25-14 was a request for a lumbar MRI, as the physician felt that the individual might have a herniated nucleus pulposus. The MRI was not certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back- Lumbar & Thoracic (Acute and Chronic), MRIs (magnetic resonance imaging).

Decision rationale: The California MTUS and ACOEM recommend MRI, in general, for low back pain when "cauda equina, tumor, infection, or fracture are strongly suspected and plain film radiographs are negative, MRI test of choice for patients with prior back surgery". ACOEM additionally recommends against MRI for low back pain "before 1 month in absence of red flags". ODG states, "Imaging is indicated only if they have severe progressive neurologic impairments or signs or symptoms indicating a serious or specific underlying condition, or if they are candidates for invasive interventions. Immediate imaging is recommended for patients with major risk factors for cancer, spinal infection, cauda equina syndrome, or severe or progressive neurologic deficits. Imaging after a trial of treatment is recommended for patients who have minor risk factors for cancer, inflammatory back disease, vertebral compression fracture, radiculopathy, or symptomatic spinal stenosis. Subsequent imaging should be based on new symptoms or changes in current symptoms." The medical records did not document any red flags, significant worsening in symptoms or other findings suggestive of the pathologies outlined in the above guidelines. The physician did not mention obtaining plain film radiographs nor did the medical records provide past radiologic imaging of the lumbar spine. As such, the request for MRI lumbar spine is not medically necessary.