

Case Number:	CM14-0131087		
Date Assigned:	08/20/2014	Date of Injury:	10/13/2012
Decision Date:	10/22/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	08/15/2014

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 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:

This injured worker's date of injury is 10/13/2012. This patient is a truck driver who receives treatment for chronic low back pain with right leg pain. At first he received physical therapy treatment. The patient had a lumbar MRI dated 09/2012 and lumbar x-rays on 06/14/2013. The MRI showed a 4mm disc bulge at L4-L5. The patient received electro acupuncture, Infrared and Tui-Na Therapy and cupping. On exam on 07/01/2014 gait was normal, there was 2+ paralumbar spasms. Reflexes were normal. SLR was positive on the right at 60 degrees. The patient's diagnosis is Lumbosacral strain and "rule out right leg radiculopathy."

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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, MRIs

Decision rationale: The treatment guidelines recommend low back MRI imaging when there is a significant change in symptoms or physical findings that suggest significant pathology such as, spinal tumor, infection, neurocompression, or disc herniation. The request here is to "rule out"

right leg radiculopathy. There is no documentation of any of the above clinical "red flags" that would necessitate another lumbar MRI. Therefore, this request is not medically necessary.

AP/Lat & Flexion/Extension of Lumbar X-Rays: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 51.

Decision rationale: The treatment guidelines do not recommend repeating low back x-rays for chronic low back pain. Low back x-rays with flexion and extension may be medically indicated to document symptomatic spondylolisthesis. The physician's documentation does not mention this. The request for low back x-rays with flexion and extension is not medically indicated.