

Case Number:	CM14-0133434		
Date Assigned:	08/25/2014	Date of Injury:	07/22/2014
Decision Date:	10/02/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/20/2014

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 is a female patient who reported an industrial injury to the back on 5/9/2014, almost five (5) months ago, attributed to the performance of her usual and customary job tasks reported as lifting a heavy rock. The patient complained of lower back pain radiating to the buttocks. The patient has been laid off by the employer. The objective findings on examination included diminished range of motion of the lumbar spine; point tenderness with spasm about the lumbar spine; decreased sensation in the entire left lower extremity. The diagnosis was lumbar disc displacement. The treatment plan included chiropractic care and a MRI of the lumbar spine.

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 Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter, MRI lumbar spine

Decision rationale: The patient was ordered a MRI of the lumbar spine to rule out HNP as a screening study. There was no evidence of changes in clinical status to warrant imaging studies

of the lumbar spine. The request was not made with the contemplation of surgical intervention but as a screening study. The patient was noted to have only lower back pain radiating to the buttocks without any extension to the lower extremities. The diagnosis is consistent with a musculoligamentous sprain/strain without evidence of a nerve impingement radiculopathy. The patient was not noted to have objective findings documented consistent with a change in clinical status or neurological status to support the medical necessity of a MRI of the lumbar spine. There are no demonstrated red flag diagnoses as recommended by the ODG or the ACOEM Guidelines. The use of the MRI for nonspecific back pain is only recommended after three months of symptoms with demonstrated failure of conservative care. The request for a MRI of the lumbar spine for subacute pain is not medically necessary.