

Case Number:	CM14-0150110		
Date Assigned:	09/18/2014	Date of Injury:	03/03/2014
Decision Date:	10/17/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/15/2014

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 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:

There were 135 pages provided for this review. This request was for a repeat MRI of the lumbar area. The request for independent medical review was signed by the claimant on September 11, 2014. Per the records provided, the claimant was described as a 26-year-old man who was injured on March 3, 2014. He was pushing heavy objects and started having immediate pain in the right lower leg and in the right buttocks. The patient has had 6 to 7 sessions of physical therapy. An MRI from April 24, 2014 documented L3-L4 central left paracentral protrusion and annular fissure. There was severe central canal stenosis and mild foraminal bilateral stenosis. As of August 26, 2014, the patient had pain in the back which was rated at three out of 10. The patient experienced the pain when bending down and could not sit very long. The plan included lumbar epidural. He was also instructed to take tramadol, gabapentin. He was also instructed to take omeprazole. He is diagnosed as having lumbar degenerative disc disease, lumbar radiculopathy and myofascial pain. There was no evidence of new progressive neurologic signs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat MRI of Lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back (updated 8/22/14)

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

Decision rationale: Under MTUS/ACOEM, although there is subjective information presented in regarding increasing pain, there are little accompanying physical signs. Even if the signs are of an equivocal nature, the MTUS note that electrodiagnostic confirmation generally comes first. They note '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.' The guides warn that indiscriminate imaging will result in false positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. I did not find electrodiagnostic studies. It can be said that ACOEM is intended for more acute injuries; therefore, other evidence-based guides were also examined. The ODG guidelines note, in the Low Back Procedures section:- Lumbar spine trauma: trauma, neurological deficit- Lumbar spine trauma: seat belt (chance) fracture (If focal, radicular findings or other neurologic deficit)- Uncomplicated low back pain, suspicion of cancer, infection- Uncomplicated low back pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit. (For unequivocal evidence of radiculopathy, see AMA Guides, 5th Edition, page 382-383.) (Andersson, 2000)- Uncomplicated low back pain, prior lumbar surgery- Uncomplicated low back pain, cauda equina syndromeThese criteria are also not met in this case. Therefore, the request is not medically necessary under the MTUS and other evidence-based criteria.