

Case Number:	CM14-0152367		
Date Assigned:	09/22/2014	Date of Injury:	06/26/2014
Decision Date:	10/23/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/18/2014

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 patient is a 31-year-old male who has submitted a claim for lumbar sprain/strain and myofascial pain associated with an industrial injury date of 6/26/2014. Medical records from 7/15/2014 up to 9/24/14 were reviewed showing low back pain with radiations to his right lower extremity and mid back. Pain is not associated with tingling and numbness. Pain was initially at 6-7/10 in severity, however, as stated on the most recent PR dated 9/24/14, pain decreased to 4/10. Patient claims that his medications and use of TENS unit have been of great benefit. Pain is aggravated with activity. Physical examination of the lumbar spine revealed tenderness and slightly decreased flexion with pain. SLR was negative bilaterally. Treatment to date has included Naproxen, Mentherm, cyclobenzaprine, omeprazole, and TENS unit. Utilization review from 9/11/2014 denied the request for Testing: MRI. The patient complains of low back pain. However, there is no clear evidence of any neurologic deficits in the physical exam to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Testing: MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304. Decision based on Non-MTUS Citation Official Disability Guidelines- Treatment for Worker's Compensation, Low Back Procedure Summary last updated 8/22/2014

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

Decision rationale: As stated on pages 303-304 of the ACOEM Practice Guidelines referenced by CA MTUS, imaging of the lumbar spine is recommended in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise, failure to respond to treatment, and consideration for surgery. In addition, Official Disability Guidelines recommends MRI for the lumbar spine for uncomplicated low back pain, with radiculopathy, after at least 1 month of conservative therapy, sooner if severe, or progressive neurologic deficit. In this case, the patient complains of low back pain with radiations to his right lower extremity and mid back. Pain is not associated with tingling and numbness. Physical examination of the lumbar spine revealed tenderness and slightly decreased flexion with pain. SLR was negative bilaterally. Pain was initially at 6-7/10 in severity however, the most recent PR dated 9/24/14 documented 4/10 pain severity. Patient claims that his medications and use of TENS unit have been of great benefit. Moreover, no plain film radiographs were made available for review, there was no evidence of failure to respond to treatment, and objective findings were equivocal. Therefore, the request for Testing: MRI is not medically necessary.