

Case Number:	CM14-0153123		
Date Assigned:	09/23/2014	Date of Injury:	09/30/2013
Decision Date:	10/24/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/19/2014

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 New Jersey and New York. 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 injured worker is a 28 year-old male who injured his back on 9/30/13 at his place of employment while lifting a 150-180 pound object. He complained of lower back pain radiating to both buttocks with numbness and tingling and intermittently with tingling and pain down his left lower extremity. . On exam, he had positive straight leg test on the right and normal neurological and sensory findings. The patient had an unofficial lumbar xray without documented results. He was diagnosed with myofascial, radicular neuralgia, and lumbar strain/sprain. His treatment included massages, six physical therapy sessions, chiropractic sessions, and medications like Naprosyn, Vicodin, and Flexeril. He had documented improvement of symptoms and increased ability to do his activities of daily living after his chiropractic sessions. The current request is for lumbar MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI for the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The request for lumbar MRI is medically unnecessary. An MRI of lumbar spine is useful to identify specific nerve compromise found on physical exam. This patient did not have any documented specific nerve deficits on exam. He had normal sensation and equal deep tendon reflexes on exam. Indiscriminant imaging can result in false positive findings, such as disc bulges, that may not be the source of the pain or warrant surgery. Patient also had improvement in symptoms and was able to do more ADLs after his chiropractic sessions. Because of these reasons, the request for lumbar MRI is medically unnecessary.