

Case Number:	CM14-0166910		
Date Assigned:	10/14/2014	Date of Injury:	06/13/2014
Decision Date:	11/17/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/09/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 06/13/14 when, while unloading a truck, he fell approximately 5 feet. He landed on his right foot, buttocks, and back and had neck, back, right knee, right shoulder, right ankle, and right foot pain. He was able to continue working. The next day he was unable to walk due to right leg pain. He has not returned to work. Treatments included medications and chiropractic care. He was seen on 06/14/14. He was having low back pain, right knee and lateral calf pain, and right shoulder pain. An x-ray is referenced as showing no abnormalities. Nabumetone, orphenadrine, and Ultracet were prescribed. A home exercise program was encouraged. He was seen on 07/08/14. He reported being unable to work at modified duty due to back pain which was rated at 10/10. He was not having radiating symptoms and was not having numbness or tingling. He was wearing knee and lumbar supports and using ice packs. He had completed 4 physical therapy treatments and two chiropractic sessions. Medications were nabumetone 500 mg two times per day, orphenadrine 100 mg, and Ultracet as needed. The note references ongoing symptoms despite modified work Physical examination findings included supraspinatus and medial scapular tenderness. He was noted to limp. There was right paraspinal muscle tenderness. Straight leg raise was negative and there was normal sensation and reflexes. There was decreased and painful lumbar spine range of motion. He had posterolateral proximal calf muscle tenderness. He was placed at temporary total disability. Additional physical therapy was requested. Medications were refilled.

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 Page(s): 341-343.

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-Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging): Indications for imaging

Decision rationale: The claimant is status post work-related injury in June 2014 and is being treated for low back pain. When seen by the requesting provider, he was not having radiating symptoms or numbness or tingling with normal sensation and reflexes and negative straight leg raise. Applicable criteria for obtaining an MRI would include a history of trauma with neurological deficit, when there are 'red flags' such as suspicion of cancer or infection, or when there is radiculopathy with severe or progressive neurologic deficit. In this case, there are no physical examination findings of radiculopathy. There are no identified 'red flags' or severe or progressive neurologic deficit that would support the need for obtaining an MRI scan which therefore was not medically necessary.