

Case Number:	CM14-0172796		
Date Assigned:	10/23/2014	Date of Injury:	08/08/2014
Decision Date:	12/04/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/20/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 injured worker is a 40-year-old female with date of injury of 08/08/2014. The listed diagnosis per [REDACTED] from 09/18/2014 is lumbago. According to this report the injured worker reports no change to her symptoms since her last visit on 08/12/2014. She still has a lot of pain in her lower back. The injured worker states that "she has a hard time getting any sleep." Her pain level is at 6/10 but she can rise up to 10/10. The examination shows tenderness in the lumbar spine. Flexion is at 100 in the lumbar spine. No other findings were reported. The documents include one progress report from 09/18/2014. The utilization review denied the request on 09/30/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Imaging (MRI) Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back (updated 08/22/14), MRI's, Indications for Imaging

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 Chapter on Magnetic Resonance Imaging (MRI).

Decision rationale: The injured worker presents with low back pain. The treating physician is requesting a Magnetic Resonance Imaging (MRI) of the Lumbar Spine. The ACOEM Guidelines page 303 on MRI for back pain states that "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 would consider surgery as an option." When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. ODG also states that "repeat MRIs are not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, nerve compression and recurrent disk herniation)." The treating physician does not explain why an MRI is needed. The reports do not show any recent or previous MRIs of the lumbar spine. The examination from 09/18/2014 only noted tenderness in the lumbar spine. There are no radicular symptoms. There are no neurological or sensory examination findings that would warrant the need for an MRI. There are no red flags. The request for Magnetic Resonance Imaging (MRI) of the Lumbar Spine is not medically necessary.