

Case Number:	CM14-0174479		
Date Assigned:	10/27/2014	Date of Injury:	08/04/2014
Decision Date:	12/10/2014	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	10/21/2014

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 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:

This is a 37 year old male patient who sustained a work related injury on 8/04/2014. He sustained an injury while pulling heavy packages up a flight of stairs. The current diagnosis includes lumbosacral sprain. Per the doctor's note dated 9/26/2014, the patient had complaints of lower back pain. A physical examination revealed normal gait, slight moderate tenderness over the left paralumbar spine L3-5, lumbar range of motion- full right/left lateral bending and rotation without pain, full flexion with discomfort and extension 20 degrees with pain; normal strength and sensation, 2+/4+ reflexes and negative straight leg raising test. The medications list includes Relafen, Omeprazole and Medrol dose pak. He has had lumbar spine X-ray on 8/4/14 with normal findings. Previous operative or procedure note related to the injury was not specified in the records provided. He has had 5 of 9 physical therapy visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Lumbar spine without dye: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 303-304.

Decision rationale: Per the ACOEM low back guidelines cited below "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. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures)." The records provided do not specify any progression of neurological deficits for this patient. Any finding indicating red flag pathologies are not specified in the records provided. The history or physical exam findings do not indicate pathology including cancer, infection, or other red flags. Prior conservative therapy notes are not specified in the records provided. He has had 5 of 9 physical therapy visits for this injury. Response to a full course of conservative therapy is also not specified in the records provided. In addition, patient had normal gait, normal strength, sensation and negative straight leg raising test. Significant functional deficits that would require lumbar spine MRI is not specified in the records provided. The medical necessity of MRI Lumbar spine without dye is not fully established for this patient.