

Case Number:	CM14-0184573		
Date Assigned:	11/10/2014	Date of Injury:	07/07/2014
Decision Date:	12/15/2014	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/04/2014

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 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 patient sustained an injury on 7/7/14 while employed by [REDACTED]. Request(s) under consideration include MRI 3D of the lumbar spine. Initial report of 8/28/14 from a provider noted the patient with lower back pain after bending over to lift and push materials onto the forklift. Conservative care has included medications, 6 sessions of chiropractic treatment, and modified activities/rest. The patient continues with constant pain in low back radiating down the hips and legs aggravated by twisting movements and sitting. Exam of lumbar spine showed spasm with tenderness of lumbar paraspinals at L1 to S1, decreased range of flex/ext/lateral bending/ rotation at 30/10/5/10 degrees; positive Kemp's bilaterally and positive SLR and Yeoman's. Treatment included lumbosacral orthosis, multi interferential unit, PT x6, functional capacity evaluation, work hardening, and psychosocial factor screening. The patient remained TTD. Report of 10/8/14 noted unchanged symptoms. Exam showed unchanged lumbar spine with identical limited range of flex/ext/lateral bending/ rotation at 30/10/5/10 degrees with pain; spasm; tenderness at L1-S1 with positive provocative testing. The patient completed 9 PT sessions. Treatment included additional 10 sessions of work hardening, topical compounds, and MRI 3D of lumbar spine. The request(s) for MRI 3D of the lumbar spine was non-certified on 10/28/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI 3D of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation ODG-TWC, Low Back Procedure Summary, MRI's

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

Decision rationale: Per the ACOEM Treatment Guidelines for the Lower Back Disorders, under Special Studies and Diagnostic and Treatment Considerations, states Criteria for ordering imaging studies, include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports have not adequately demonstrated the indication for MRI of the Lumbar spine nor document any specific clinical findings to support this imaging study as the patient has no documented neurological deficits throughout bilateral lower extremities. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The MRI 3D of the lumbar spine is not medically necessary and appropriate.