

Case Number:	CM14-0184754		
Date Assigned:	11/12/2014	Date of Injury:	10/20/2012
Decision Date:	12/15/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	11/06/2014

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. 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 worker is a 37 year old male who was injured on 10/20/2012 during a motor vehicle accident. He was diagnosed with cervical spine sprain, left wrist sprain, and lumbar spine strain. He was treated with physical therapy and medications and later improved significantly. He was also diagnosed with partial rotator cuff tear of the left shoulder, treated with surgery, subacromial injection, medications, and physical therapy. Later, on 9/4/14, the worker was seen by his primary treating physician reporting doing physical therapy for his shoulder, however his back and right hand continued to bother him. He reported no numbness or tingling or weakness, no bladder or bowel incontinence, but feels back pain whenever he squats or bends his lower spine. Physical examination findings of the lumbar spine included muscle stiffness and spasm, negative straight leg raise, and no sensation, strength, or reflex testing was recorded as being performed. He was recommended to complete his shoulder physical therapy, complete a shoulder MRI, and was also recommended an MRI of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging) of the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 296, 310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lower Back section, MRI

Decision rationale: MTUS Guidelines for diagnostic considerations related to lower back pain or injury require that for MRI to be warranted there needs to be unequivocal objective clinical findings that identify specific nerve compromise on the neurological examination (such as sciatica) in situations where red flag diagnoses (cauda equina, infection, fracture, tumor, dissecting/ruptured aneurysm, etc.) are being considered, and only in those patients who would consider surgery as an option. In some situations where the patient has had prior surgery on the back, MRI may also be considered. The MTUS also states that if the straight-leg-raising test on examination is positive (if done correctly) it can be helpful at identifying irritation of lumbar nerve roots, but is subjective and can be confusing when the patient is having generalized pain that is increased by raising the leg. The Official Disability Guidelines (ODG) state that for uncomplicated low back pain with radiculopathy MRI is not recommended until after at least one month of conservative therapy and sooner if severe or progressive neurologic deficit is present. The ODG also states that repeat MRI should not be routinely recommended, and should only be reserved for significant changes in symptoms and/or findings suggestive of significant pathology. In the case of this worker, the request for an MRI image of his lumbar spine does not seem warranted based on the criteria. There was no clear documented subjective or objective evidence from the physical examination findings which suggested any nerve compromise. Also, there was no evidence that the worker had a red flag diagnosis. Therefore, without a clear indication for MRI, it is not medically necessary.