

Case Number:	CM14-0184755		
Date Assigned:	11/12/2014	Date of Injury:	07/24/2014
Decision Date:	12/15/2014	UR Denial Date:	11/06/2014
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 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:

The injured worker is a 25-year-old female who reported an injury on 07/24/2014. The mechanism of injury was due to the injured worker slipping and falling into a small walkway while carrying a case of salsa. Diagnoses included sprain, lumbosacral. The injured worker struck the back of her head. The injured worker sustained injuries to her right ankle, low back, and had some mid right shoulder pain. The injured worker had undergone an x-ray on 07/24/2014 of the right foot, right shoulder, and cervical spine which were read by the radiologist as negative. The injured worker had undergone an official CT of the lumbar spine without contrast on 07/24/2014 that revealed vertebral body heights are maintained. Alignment was anatomic. There was no evidence of fracture. There was no "prevertebral soft tissue swan." There was evidence of small broad disc bulge at L4-5. The injured worker was evaluated on 10/13/2014 and it was documented the injured worker complained of lumbar pain. The injured worker describes the symptoms as dull. She states it was mild. She reports having symptoms for 81 days. The frequency was constant. On the physical examination of the lumbar spine, the patient ambulates with normal gait. The injured worker had normal posture. There was no weakness of lower extremities. The spine was not kyphotic. The injured worker does not have scoliosis. The injured worker had no loss of lumbosacral lordosis. The pelvis was symmetrical. There are no spasms of the thoracolumbar spine and paravertebral musculature. There was no tenderness of the thoracolumbar spine and paravertebral musculature. Patrick/Fabere test for pathology of the sacroiliac joint was negative. Extensor hallucis longus test was negative. There was no restriction of range of motion of the back. The request for authorization was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbar spine without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304 - 309.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The request for the Magnetic Resonance Images of the Lumbar Spine is not medically necessary. ACOEM guidelines recommend imaging studies when physiologic evidence identifies specific nerve compromise on the neurologic examination. The rationale for the request was to re-evaluate and rule out a lumbar disc syndrome. There was no report of re-injury noted. Furthermore, the injured worker's physical examination findings are consistent with no change his current diagnosis. There is a lack of objective findings identifying specific nerve compromise to warrant the use of imaging. The injured worker has already had an official CT scan of the lumbar on 07/24/2014 that revealed vertebral body heights are maintained. Alignment was anatomic. There was no evidence of a fracture. There were no prevertebral soft tissue swan. There was evidence of a small broad disc bulge at L4/5. The provider failed to indicate significant changes or nerve compromise on examination. There is also no indication of red flag diagnoses or the intent to undergo surgery. The provider failed to indicate if the injured worker had any conservative care, such as physical therapy, and outcome measurements of the home exercise regimen. As such, the request for an MRI Lumbar Spine without contrast is not medically necessary.