

Case Number:	CM14-0023978		
Date Assigned:	06/11/2014	Date of Injury:	08/12/2013
Decision Date:	07/15/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	02/25/2014

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 Occupational 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:

Diagnostic studies reviewed include x-ray of the lumbar spine dated August 12, 2013 revealed splinting of the lumbar spine to the right suggesting muscle spasm. Progress report dated December 11, 2013 reported the patient complained of low back pain with bilateral lower extremity radicular symptoms, left side greater than right. On examination of the lumbar and thoracic spine, there was tenderness from T8-T10 region. There is also tenderness midline of the lumbar spine at L3-L5 region with tenderness in the bilateral paraspinal muscle region. Diagnoses are thoracic spine strain, lumbosacral strain with neural encroachment and sleep disturbance secondary to pain. The patient was advised 6 sessions of physical therapy of the lumbar spine. Prior utilization review dated February 12, 2014 states the request is denied as there are no documented radicular complaints or findings to support the lumbar MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

AN MRI LUMBAR SPINE WITHOUT DYE: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 290-303, Chronic Pain Treatment Guidelines Page(s): 22.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, MRI.

Decision rationale: The Low Back Complaints Chapter of the ACOEM Practice Guidelines state that unequivocal objective findings on neurologic examination are sufficient evidence to warrant imaging in patients that do not respond to conservative therapy and would consider surgery. According to ODG guidelines, lumbar MRI is indicated for uncomplicated low back pain with radiculopathy after at least 1 month of conservative therapy. The patient is a 21-year-old with August 12, 2013 injury due to lifting. While documentation is somewhat poor with respect to unequivocal objective findings, the patient is noted to have left lower extremity radiating pain, numbness and tingling for about six months, with decreased left lower extremity sensation and positive straight leg raise. She has failed conservative care including physical therapy for at least nine visits. The request for an MRI of the lumbar spine without dye is medically necessary and appropriate.