

Case Number:	CM14-0034152		
Date Assigned:	06/20/2014	Date of Injury:	01/16/2014
Decision Date:	07/29/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/18/2014

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 Orthopedic Surgery, has a subspecialty in Spine Surgery 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 47-year-old female who reported an injury on 01/16/2014. The mechanism of injury was not provided for clinical review. The diagnoses included lumbar sprain, right leg radiculitis. Previous treatments include physical therapy and medication. The clinical note dated 03/20/2014 reported the injured worker complained of moderate to severe, sharp, constant right low back pain. She noted the pain was radiating down her right leg. Upon the physical exam, the provider noted lumbar strain with right leg radiculopathy at L3, right gluteus tenderness with 2+ spasms. The provider noted the injured worker had restricted range of motion due to pain at the mid thigh on extension to 10 degrees/30 degrees. The provider indicated the injured worker had normal deep tendon reflexes. The provider indicated the injured worker had a positive straight leg raise at 30 degrees. The provider requested an MRI. However, the rationale was not provided for clinical review. The request for authorization was submitted and dated 03/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI WITHOUT CONTRAST OF THE LUMBAR SPINE: Upheld

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

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

Decision rationale: The request for an MRI without contrast of the lumbar spine is not medically necessary. The injured worker complained of moderate to severe, sharp, constant right low back pain. She reported pain radiated down the right leg. The California MTUS/ACOEM Guidelines state clinical objective findings that identify specific nerve compromise on the neurological exam are sufficient evidence to warrant imaging in patients who do not respond to treatment and who consider surgery as an option. When the neurological examination is less clear, however, further psychologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminate imaging will result in a false positive findings such as a disc bulge that are not the source of painful symptoms and do not warrant surgery. Imaging studies should be reserved for cases in which surgery is considered or red flag diagnoses are being evaluated. There is lack of documentation indicating neurological deficits of the lumbar spine that warrant further evaluation with imaging. The provider noted the injured worker had normal deep tendon reflexes. There is lack of documentation of decreased strength and lack of documentation indicating the efficacy of conservative treatment. In addition, there is no indication of red flag diagnoses or the intent to undergo surgery requiring an MRI. The providers rationale for the request was not provided. Additionally the injured worker had an MRI on 05/2014, as such the medically necessity for an additionaly MRI is not medically warrented. Necessity for imaging was not established. Therefore, the request for an MRI without contrast of the lumbar spine is not medically necessary.