

Case Number:	CM14-0035873		
Date Assigned:	06/23/2014	Date of Injury:	03/19/2013
Decision Date:	08/08/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	03/24/2014

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 Utah. 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 patient is a 63 year-old male with a 3/19/2013 date of injury. The mechanism of injury was a slip and fall. The patient has been diagnosed with low back pain, lumbar strain, and degenerative disc disease. The patient's treatments have included physical therapy, imaging studies, a home exercise program, bracing and medications. The physical exam findings showed tenderness over the lower lumbar spine. There was a mild spasms noted with motion of the back. The Patellar and Achilles reflexes were noted as normal. The strength in the lower legs was noted as normal 5/5. The patient's medications have included, but are not limited to, Ibuprofen, Flexeril, Tramadol, Nabumetone, and Orphenadrine. The request is for MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

1. MRI PROCEDURE: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: The MTUS guidelines state that despite the lack of strong medical evidence supporting it, discography, including MRI, is fairly common, and when considered, it should be

reserved only for patients who meet the criteria of; back pain of at least three months duration; failure of conservative treatment; satisfactory results from detailed psychosocial assessment; - Is a candidate for surgery. - Has been briefed on potential risks and benefits from discography and surgery. The MTUS guidelines state that a discography in subjects with emotional and chronic pain problems has been linked to reports of significant back pain for prolonged periods after injection, and therefore should be avoided. The clinical documents state that the patient has had pain for greater than 3 months, is not responding as anticipated on the medications. According to the clinical documentation provided and current MTUS guidelines; an MRI of the lumbar spine is indicated as a medical necessity to the patient at this time.