

Case Number:	CM14-0044137		
Date Assigned:	07/02/2014	Date of Injury:	12/08/2000
Decision Date:	08/01/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/11/2014

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 Internal Medicine and Pulmonary Diseases, and is licensed to practice in California, Florida, and New York. 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 48-year-old male who reported an injury on 12/8/00. The mechanism of injury was continuous trauma. The injured worker's prior treatments were not noted within the documentation. The injured worker's diagnoses were noted to be herniated nucleus pulposus and lumbosacral strain. The injured worker complained of low back pain. The objective findings were moderate tenderness and swelling with spasms to the lumbosacral area. There was a positive straight leg raise. Flexion was 40 degrees and extension was 10 degrees. The treatment rendered included Flexeril, Toradol and Celebrex.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- MRI scans thoracic and lumbar.

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.

Decision rationale: The California MTUS/ACOEM states that unequivocal objective findings that identify a specific nerve compromise on the neurologic examination are sufficient evidence

to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminate imaging will result in false positive findings, such as disc bulges, that are not the source of painful symptoms and do not warrant surgery. The Official Disability Guidelines state that MRIs are recommended for indications such as: lumbar spine trauma, neurological deficit, lumbar spine trauma, seat belt fracture, uncomplicated low back pain, suspicion of cancer, infection, and "red flags." MRIs are indicated for uncomplicated low back pain with radiculopathy after at least 1 month conservative therapy and sooner if severe or progressive neurologic deficit. The guidelines continue to recommend MRIs for indication of prior lumbar surgery, myelopathy, traumatic or painful sudden onset, or slowly progressive infectious disease pain. In addition MRIs are indicated for oncology patients and post surgery to evaluate the status of a fusion. The injured worker's only clinical evaluation submitted with this review lacks the documented criteria to fit the indications for imaging according to the Official Disability Guidelines and according to the guidelines. When neurologic examination is less clear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Therefore, the request for an MRI of the lumbar spine without contrast is not medically necessary.