

Case Number:	CM14-0045152		
Date Assigned:	07/02/2014	Date of Injury:	09/08/2008
Decision Date:	10/01/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/14/2014

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 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 patient is a 42-year-old male who has submitted a claim for thoracic/lumbosacral neuritis/radiculitis associated with an industrial injury date of 09/08/2008. Medical records from 2014 were reviewed. The patient complained of low back pain that radiates to the bilateral lower extremities. He complains of limitation of activity, limitation of movement and pain in the joints and muscles. Physical examination reveals a negative straight leg raise test. Lumbar range of motion was decreased. Strength was diminished due to pain. Bilateral facet joint levels from L3-S1 were tender. Sensation was intact throughout the lower extremities. The rest of the examination was unremarkable. Treatment to date has included medications, physical therapy, acupuncture and chiropractic care. Utilization review, dated 03/21/2014, denied the request for MRI lumbar because there were no signs of neurologic involvement or any indication for a lumbar MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRI of the lumbar spine without contrast, as outpatient: Upheld

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): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Section, MRI

Decision rationale: As stated on ACOEM Practice Guidelines, 2nd Edition (2004) referenced by CA MTUS, imaging of the lumbar spine is recommended in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, failure to respond to treatment, and consideration for surgery. In addition, Official Disability Guidelines recommends MRI for the lumbar spine for uncomplicated low back pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit. In this case, MRI was requested to rule out lumbar pathology. In the recent clinical evaluation, the patient still complains of low back pain radiating to the lower extremities. However, physical examination revealed only limited range of motion for the lumbar spine, as well as tenderness. The rest of the examination was unremarkable. Clinically, nerve compromise is not considered. MRI is not a reasonable diagnostic option at this time. Therefore, request for MRI Lumbar is not medically necessary.