

Case Number:	CM14-0054296		
Date Assigned:	07/07/2014	Date of Injury:	09/21/2000
Decision Date:	08/29/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	04/23/2014

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:

The patient is a 47-year-old male who has submitted a claim for sciatica, lumbar degenerative disc disease, lumbar herniated disc, fasciitis, and radiculitis associated with an industrial injury date of 09/21/2000. Medical records from 10/29/2012 to 07/07/2014 were reviewed and showed that patient complained of low back pain graded 8/10. Physical examination revealed a steady limp gait and tenderness over the lumbar spine. Lumbar ROM (range of motion) was normal. Sensation to light and MMT (manual muscle testing) of the lower extremities was unchanged. MRI of the lumbar spine dated 05/27/2008 revealed L2 through S1 disc bulge, annular tear at L3-4, L4-5, and L5-S1, central disc protrusion at L5-S1, and left paracentral disc protrusion at L4-5. Treatment to date has included spinal injections, physical therapy, massage therapy, chiropractic therapy, and pain medications. Utilization review dated 04/16/2014 denied the request for MRI Lumbar spine without contrast because there was lack of unchanging physical examination findings, intervening treatment of conservative care, and previous MRI without significant pathology.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Lumbar spine without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines subsection under MRI.

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 pages 303-304 of the ACOEM Practice Guidelines 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, 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 of conservative therapy, sooner if severe, or progressive neurologic deficit. In this case, objective findings did not reveal specific nerve compromise. The patient's clinical manifestations were not consistent with a focal neurologic deficit to suggest presence of radiculopathy. There was neither a discussion of a need for surgery or documentation of failure in conservative treatment. The patient did not meet the criteria for lumbar spine MRI based on the available medical records. There was no discussion as to why variance from the guidelines is necessary. Therefore, the request for MRI lumbar spine without contrast is not medically necessary.