

Case Number:	CM14-0056344		
Date Assigned:	07/07/2014	Date of Injury:	02/20/2014
Decision Date:	08/08/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/21/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 34 year old male who was injured on 2/20/2014. The diagnoses are low back pain and neck pain. There is significant history of complaints of past injuries but patient received emergency care and treatment several months later. There were no significant findings on physical examinations. On 3/13/2014, [REDACTED] noted subjective complaints of neck and low back pain. The patient denied the presence of muscle weakness, numbness or tingling sensations. The physical examination was unremarkable. On 3/17/2014, [REDACTED] noted subjective complaints of neck pain, headache, knee pain and low back pain. The physical reexamination was unremarkable. [REDACTED] noted that the patient had symptoms of anxiety, depression and negative thoughts. The X-Rays of the thoracic spine showed mild levoscoliosis. The cervical spine showed loss of lordosis due to muscle spasm. The medications are Vicodin for pain and Soma for muscle spasm. A Utilization Review determination was rendered on 3/20/2014 recommending non certification for MRI of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ACOEM Chapter on Cervical & Thoracic Spine Disorders; section Magnetic Resonance imaging.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back chapter.

Decision rationale: The CA MTUS did not fully address the indications for MRI diagnostic tests for patients with chronic low back pain. The ODG guidelines recommend MRI of the lumbar spine when there is clinical neurological deficit, the presence of a 'red flag' conditions and when the X-Ray is inconclusive. The record indicate that the patient denied the presence of symptoms characteristic of radiculopathy. The physical examinations were unremarkable. There are significant psychosomatic symptoms associated with the pain complaints. There were no identifiable injuries. The criteria for MRI of the lumbar spine was not met.