

Case Number:	CM14-0066288		
Date Assigned:	07/11/2014	Date of Injury:	08/07/2009
Decision Date:	09/18/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	05/09/2014

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 Physical Medicine and Rehabilitation and Pain Medicine and is licensed to practice in Texas and Ohio. 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 26-year-old male who reported an injury on 08/07/2009. The injury reported was when a stack of products fell on top of the injured worker. The diagnoses included chronic low back pain, mild degenerative disc L5-S1, and small disc bulge L5-S1. The previous treatments included physical therapy, chiropractic sessions, acupuncture, and epidural steroid injections. The diagnostic testing included an MRI on 03/14/2014 and x-rays. Within the clinical note dated 04/16/2014, it was reported the injured worker complained of constant low back pain, worse with lifting, excessive movement, and improved by sitting in a recliner. He reported the pain radiated down the back of both legs, more on the left, to the toes. He complained of numbness and weakness in his left leg. The injured worker complained of urinary urgency and incontinence. Upon the physical examination of the lumbar spine, the provider noted the injured worker's range of motion was markedly restricted in all planes and associated with severe low back pain. The MRI completed on 03/14/2014 reported a slight chronic superior endplate depression at T12, as described, new since previous examination. At T11-12, there is a minimal disc bulge without canal or foraminal stenosis. The request submitted is for an MRI of the lumbar spine without contrast. However, a rationale was not provided for clinical review. The Request for Authorization was not provided for clinical review.

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: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The request for MRI of the lumbar spine is not medically necessary. The California MTUS/ACOEM Guidelines state that clinical objective findings that identify nerve compromise on the neurological exam are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery as an option. When the neurological examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminate imaging will result in a false positive finding such as disc bulges that are not the source of painful symptoms and do not warrant surgery. There is a lack of documentation indicating neurological deficits of the lumbar spine which would warrant further evaluation with imaging. There is a lack of significant neurological deficits such as decreased sensation or motor strength in a specific dermatomal or myotomal distribution. There is lack of documentation indicating the injured worker tried and failed on conservative treatment. Therefore, the request is not medically necessary.