

Case Number:	CM14-0066474		
Date Assigned:	07/11/2014	Date of Injury:	07/19/2011
Decision Date:	09/18/2014	UR Denial Date:	04/16/2014
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 Orthopedics, and is licensed to practice in Arizona. 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:

This 30-year-old male landscaper sustained injuries during an incident at work on 07/2011 of non-stated mechanism leading to complaints of low back pain, knee pain [will not comment on this aspect]. At the time of the incident he was employed as a full-time employee of a landscaper company but was terminated by the company one day after the accident. Physician initially concentrated on knee related problem including knee surgery. He continued complaints of additional low back pain and right shoulder pain but low back pain seemingly became more problematic as reported on 1/16/2014. Pain radiated to both lower legs [non-anatomical]. Reported also was 'tension of unknown origin'. History: complains of severe low back pain [LBP] and bilateral leg pain, states that he also has bouts of insomnia, physician reports that patient has 'tension' with no further clinical description. Physical examination revealed the following findings: Posture was normal and no spinal deformity, he presented an antalgic gait [? due to knee or back pain], severe tenderness accompanied by muscle spasm of back muscles on both sides, range of motion, deep tendon reflexes, nerve tension signs [e.g. straight leg raise test] and motor function was within normal limits, sensory examination revealed decreased sensation L5 dermatome. Treatment rendered since day of injury for lumbar pain was extremely vague: 'completed physiotherapy and home exercise [for knee or lower back] on 10/2/2013, Injection received last time did not help '. This statement on 10/2/2013 was confusing as it was uncertain what injection was being referred to and also for which area was it administered. Diagnostic studies consisted of: functional capacity evaluation [12/11/2013], physical examination more concentrated on patient's knee problem[s]. Diagnosis was documented as lumbar strain. Recommendations [5/8/2014]: Refilled his medications consisting of: Norco, Voltaren, Gabapentin, Norflex, Lidoderm patch, request for MRI of the lumbar spine. Work status was

designated as temporarily totally disabled. Date of Utilization Review was 04/16/2014. Decision of Utilization Reviewer was to deny request for MRI lumbar spine at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI LUMBAR SPINE: 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): 299, 300, 301, 303, 305, 360, 12-7. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Low back>, <MRI>.

Decision rationale: The Medical Treatment Utilization Schedule ACOEM Guidelines state that evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminate imaging will result in false-positive findings, such as disk bulges, that may not be the source of painful symptoms. They further note that MRI is recommended when cauda equina, tumor, infection, or fracture is strongly suspected and plain radiographs are negative. In this case, there are not unequivocal findings of nerve compromise or evidence of cauda equina syndrome, tumor, infection, or fracture. Therefore, the medical record does not document the medical necessity for an MRI of the lumbar spine.