

Case Number:	CM14-0076912		
Date Assigned:	07/18/2014	Date of Injury:	03/20/2014
Decision Date:	09/17/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	05/27/2014

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 & Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 48-year-old female who reported an injury while loading crates on 03/20/2014. On 05/09/2014, her diagnoses included lumbago and pain in the thoracic spine. She stated that her pain kept her up at night and she rated her pain as 7/10 to 8/10. She was able to walk 1 mile. Lumbar x-rays revealed degenerative L4-5 and L5-S1 with mild kyphosis. Her lower extremity strength was 5/5. She had a negative Babinski and negative clonus tests. She was capable of walking on her toes and her heels without difficulty. The treatment plan included a request for an MRI of the thoracic and lumbar spine. There was no rationale included in this injured worker's chart. A Request for Authorization dated 05/07/2014 was included.

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 2 General Approach to Initial Assessment and Documentation. Decision based on Non-MTUS Citation Acoem-[https://www.acoempracguides.org/low back](https://www.acoempracguides.org/low%20back); Table 2, Summary Of Recommendations, Low Back Disorders.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar & Thoracic, MRIs.

Decision rationale: The request for MRI of the lumbar spine without contrast is not medically necessary. The California ACOEM Guidelines recommend that relying solely on imaging studies to evaluate the source of low back pain and related symptoms carries a significant risk of diagnostic confusion, including false positive test results, because of the possibility of identifying a finding that was present before the symptoms began and therefore, has no temporal association with the symptoms. False positive results have been found in up to 50% of those over age 40. Magnetic resonance imaging (MRI) is specifically not recommended for lumbosacral strain. Per the Official Disability Guidelines, indications for magnetic resonance imaging include thoracic spine trauma with neurological deficit, lumbar spine trauma with neurological deficit, lumbar spine fracture, uncomplicated low back pain with a suspicion of cancer, infection, or other red flags, and uncomplicated low back pain with radiculopathy after at least 1 month of conservative therapy. There is no evidence in the submitted documentation that this worker has any neurological defects or suspicion of cancer, infection or lumbar fracture. Additionally, she falls in the over 40 year of age category, which could reveal up to 50% false positive imaging. Based on the submitted documentation, the need for an MRI of the lumbar spine was not clearly demonstrated. Therefore, the request for MRI of the lumbar spine without contrast is not medically necessary.