

Case Number:	CM13-0021392		
Date Assigned:	06/06/2014	Date of Injury:	02/17/2013
Decision Date:	05/01/2015	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	09/09/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 49-year-old male, who sustained an industrial injury on February 17, 2013. He reported a heavy compactor fell on his left foot causing a fall and straining the lumbar spine. The injured worker was diagnosed as having pain on soft tissues of limb and lumbar sprain and strain. Treatment to date has included diagnostic studies, physical therapy, crutches, post-operative shoes and medication. Currently, the injured worker complained of pain out of proportion with some edema of the left foot. The pain was described as a sharp and shooting sensation, intermittent and sometimes worse at night versus day. The treatment plan included an MRI, medications, modified work duty with crutches and post-operative shoes and follow-up visit.

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: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-5. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Section, MRI.

Decision rationale: Pursuant to the Official Disability Guidelines, MRI of the lumbar spine is not medically necessary. MRIs of the test of choice in patients with prior back surgery, but for uncomplicated low back pain, with radiculopathy, it is not recommended until after at least one month conservative therapy, sooner if severe or progressive neurologic deficit. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and findings suggestive of significant pathology. Indications (enumerated in the official disability guidelines) for imaging include, but are not limited to, lumbar spine trauma, neurologic deficit; uncomplicated low back pain with red flag; uncomplicated low back pain prior lumbar surgery; etc. ACOEM states unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients not respond to treatment and who would consider surgery an option. See the ODG for details. In this case, the injured worker's working diagnosis is tendinitis; lumbar sprain and strain. In a progress note dated August 7, 2013, the initial evaluation summary report indicated the injured worker was treated at [REDACTED]. There were x-rays of the lumbar spine that indicated rule out minor forward slip L5-S1 PARS defect. The lumbar spine evaluation was documented as difficult to examine with limited flexion. There is no neurologic evaluation documented in the medical record. There was no documentation in the medical record requesting an MRI evaluation of the lumbar spine. An MRI of the right hand was requested. Consequently, absent clinical documentation with a clinical indication and rationale and unequivocal objective findings of specific nerve compromise on the neurologic evaluation, MRI lumbar spine is not medically necessary.