

Case Number:	CM14-0137508		
Date Assigned:	11/20/2014	Date of Injury:	07/30/2014
Decision Date:	01/22/2015	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	08/25/2014

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 Internal Medicine, has a subspecialty in Hospice and Palliative Medicine and is licensed to practice in Pennsylvania. 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 63-year-old gentleman with a date of injury of 07/30/2014. A treating physician note dated 08/05/2014 identified the mechanism of injury as lifting something heavy, resulting in lower back pain that went into the left leg. A treating physician note dated 08/06/2014 indicated the worker was experiencing lower back pain and left leg pain. No other clinical records were submitted for review. The documented examination described tenderness in the lower back and left buttocks, decreased motion in the lower back joints, decreased sensation in the back and both sides of the lower leg and in the heel, decreased reflexes at the left knee and ankle, and positive testing involving raising a straightened left leg. The submitted and reviewed documentation concluded the worker was suffering from lumbar strain and left leg pain. Treatment recommendations included activity modification, MRI imaging of the lower back, and follow up care. A Utilization Review decision was rendered on 01/01/2014 recommending non-certification for MRI imaging of the lumbar spine without contrast dye.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI to lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 287-326.

Decision rationale: The MTUS Guidelines recommend reserving advanced imaging of the lumbar spine with MRI for those with clear objective examination findings identifying specific nerve compromise when the symptoms and findings do not respond to treatment with conservative management for at least a month and when surgery remains a treatment option. These Guidelines also encourage that repeat advanced imaging should be limited to those with newly worsened or changed signs and symptoms. The submitted records 2014 indicated the worker was experiencing lower back pain and left leg pain. This documentation concluded the worker was suffering from lumbar strain and left leg pain. There was no discussion suggesting the worker had failed conservative management or that the worker was a surgical candidate. In the absence of such evidence, the current request for MRI imaging of the lumbar spine without contrast dye is not medically necessary.