MAXIMUS Federal Services

Case Number:	CM14-0178516		
Date Assigned:	10/31/2014	Date of Injury:	03/21/2012
Decision Date:	01/23/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	10/28/2014

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 Rehab and is licensed to practice in California. 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 forty-two year old male who sustained a work-related injury on March 21, 2012. A request for an MRI of the lumbar spine without contrast was noncertified by Utilization Review (UR) on October 24, 2014. The UR physician utilized the American College of Occupational and Environmental Medicine (ACOEM) guidelines in the determination. The UR physician determined that upon review of the submitted medical documentation and a conversation with the requesting physician found that on October 14, 2014 the injured worker was better, had a negative examination and was released to work without restrictions. The UR physical spoke with the requesting physician and the requesting physician stated that he had not seen the injured worker since 9/2014 and was not aware that he was doing better and returning to work. A request for independent medical review (IMR) was initiated on October 24, 2014. A review of the documentation submitted for IMR included a physician's evaluation dated October 7, 2014. The evaluating physician noted that the injured worker complained of low back pain and numbness/burning in both feet. On examination the injured worker had negative maneuvers and tests and normal neurovascular status. Diagnoses associated with the examination included degenerative joint disease of the lumbar spine and lumbar radiculopathy. His treatment plan included a continuation of medications and he was able to return to work with restrictions. A physician's evaluation dated October 14, 2014 revealed that the injured work had low back pain and numbness in both feet. His physical examination revealed no remarkable findings and his orthopaedic maneuvers and tests were negative. The evaluating physician documented that the injured worker's condition had improved as expected since his last examination. His plan of care included continuation of his medication and he was released to a trial of full duty work.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Lumbar Spine without dye: 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): 303, 309. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Revised Edition, (2007) Chapter 12, page(s) 52-56

Decision rationale: Guidelines do support use of MRI in patients with unequivocal objective findings that identify specific nerve compromise on neurologic examination in patients who do not respond to treatment, or would be a candidate for surgery. Table 12-8 supports MRI for cauda equina, tumor, fracture or infection where palin film radiographs are negative, and it is the test of choice in patients with prior back surgery. MRI is not indicated in acute radicular syndromes in the first 6 weeks and not recommended for non-specific back pain prior to 3 months of conservative modalities. In this case, the patient does have symptoms of numbness in the feet that may be suggestive nerve compromise in patients with back pain. However, the patient has a negative examination, and on last follow-up visit, he was noted to be improving and was returned for a trial of full duty. In patients who are improving with treatment, medical necessity for an MRI of the lumbar spine is not substantiated.