

Case Number:	CM14-0180613		
Date Assigned:	11/05/2014	Date of Injury:	09/24/2014
Decision Date:	03/04/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	10/30/2014

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. 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 patient is a 50-year-old male with date of injury of 09/24/2014. The listed diagnoses from 10/13/2014 are: 1. Lumbosacral strain. 2. Myospasm. 3. Possible right sacroiliac joint sprain/strain. 4. Possible right sciatica. According to this report, the patient complains of right-sided low back sprain/strain. He rates his pain 9/10 in severity which is worse with movement and better with rest. He states that occasionally even lying flat, he will feel a sharp pain that begins at the right side of his lower back radiating to his right buttock. Examination of the low back shows slight loss of lordosis. There is tenderness of the paraspinous musculature on the right side. Tenderness at the right buttock on palpation. The patient appears to be in discomfort while sitting on the exam table. Lower extremities are grossly intact to light touch and pinprick. He is unable to walk on his heels and toes secondary to pain. Treatment reports from 09/24/2014 to 10/21/2014 were provided for review. The utilization review denied the request on 10/23/2014.

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: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation low back chapter on MRI

Decision rationale: This patient presents with right-sided back pain. The treater is requesting an MRI OF THE LUMBAR SPINE. The patient's work status is modified duty. The ACOEM Guidelines page 303 on MRI for back pain states that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and would consider surgery as an option. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. ODG also states that repeat MRIs are not routinely recommended and should be reserve for significant change in symptoms and/or findings suggestive of significant pathology (e.g. tumor, infection, fracture, nerve compression, and recurrent disk herniation). The records do not show any previous MRI of the lumbar spine. The treater is requesting an MRI of the lower back to rule out annular tear or disk herniation. The 10/03/2014 report shows tenderness of the paraspinous musculature on the right side at L5-S1. Tenderness to the buttocks as well as the SI joint on the right side. Straight leg raise is negative bilaterally. Deep tendon reflexes are 2/2 at the patellofemoral, 2/2 at Achilles. His lower extremities are grossly intact to pinprick and light touch. The patient does not present with neurological and sensory deficits that would warrant the need for an MRI of the lumbar spine. The request IS NOT medically necessary.