

Case Number:	CM14-0190013		
Date Assigned:	11/21/2014	Date of Injury:	04/13/2002
Decision Date:	01/09/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/14/2014

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 & Rehabilitation, 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:

This 53 year-old patient sustained a low back injury on 4/13/2002 from being struck by an object. Request(s) under consideration include MRI LUMBAR SPINE. Diagnoses include lumbosacral sprain/strain. Conservative care has included medications, therapy, ice, bracing, TENS, IF unit, and modified activities/rest. The patient continues to treat for chronic ongoing pain symptoms. Report of 7/7/14 from the provider noted lower back pain radiating to legs, increased with prolonged walking; not responding to current meds. Brief exam documented, "lumbar tenderness on left side, gait: normal." Treatment include PT and medications of Norco and Motrin. Report of 10/13/14 from the PA-c/provider noted the patient with ongoing lower back pain with stiffness radiating down both legs to the back of his knees. The patient reported difficulty with prolong standing and sitting with current medications not effective. Exam noted unchanged findings of "lumbar tendernes and limited rotation and lateral bending." Treatment included Norco and Toradol injection, to continue other meds (unspecified), and MRI of lumbar spine. The request(s) for MRI LUMBAR SPINE was non-certified on 10/22/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI 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): 303-304.

Decision rationale: This 53 year-old patient sustained a low back injury on 4/13/2002 from being struck by an object. Request(s) under consideration include MRI lumbar spine. Diagnoses include lumbosacral sprain/strain. Conservative care has included medications, therapy, ice, bracing, TENS, IF unit, and modified activities/rest. The patient continues to treat for chronic ongoing pain symptoms. Report of 7/7/14 from the provider noted lower back pain radiating to legs, increased with prolonged walking; not responding to current meds. Brief exam documented, "lumbar tenderness on left side, gait: normal." Treatment includes PT and medications of Norco and Motrin. Report of 10/13/14 from the PA-c/provider noted the patient with ongoing lower back pain with stiffness radiating down both legs to the back of his knees. The patient reported difficulty with prolong standing and sitting with current medications not effective. Exam noted unchanged findings of "lumbar tendernes and limited rotation and lateral bending." Treatment included Norco and Toradol injection, to continue other meds (unspecified), and MRI of lumbar spine. The request(s) for MRI lumbar spine was non-certified on 10/22/14. The patient continues with unchanged symptom complaints, non-progressive clinical findings without any acute change to support the lumbar spine MRI. Exam is without documented neurological deficits or failed conservative trial with medications and therapy only showing tenderness and limited range. ACOEM Treatment Guidelines for the Lower Back Disorders, under Special Studies and Diagnostic and Treatment Considerations, states Criteria for ordering imaging studies such as the requested MR (EG, Proton) spinal canal and contents, Lumbar without contrast, include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies not specified here. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports for this chronic injury have not adequately demonstrated the indication for MRI of the Lumbar spine nor document any specific changed clinical findings to support this imaging study. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The MRI Lumbar Spine is not medically necessary and appropriate.