

Case Number:	CM14-0191678		
Date Assigned:	11/25/2014	Date of Injury:	12/17/2012
Decision Date:	01/12/2015	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	11/17/2014

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, 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 (IW) is a 61-year-old man with a date of injury of December 17, 2012. The mechanism of injury occurred as a result of moving a gun safe. The IW was diagnosed with neuralgia, neuritis, radiculitis, and unspecified sprains and strains of the lumbar spine. Pursuant to the Doctor's First Report of Occupational Injury or Illness dated October 7, 2014 by the treating chiropractor, the IW complains of low back pain into the right leg. Objective physical findings of the lumbar spine revealed restricted range of motion. Flexion was 20 degrees, bilateral side bending was 15 degrees, and extension was 5 degrees. There was positive straight leg raising bilaterally into the hamstrings. Kemp's test was positive bilaterally. There was tenderness with positive spams noted in the low back. Motor strength was 4/5 on hamstrings and quadriceps. Deep tendon reflexes was 2+ on bilateral lower extremities. Current medications were not documented. The provider recommended physical therapy 3 times a week for 4 weeks, EMG/NCV studies on bilateral lower extremities, x-rays, MRI of the lumbar spine, initial functional capacity evaluation, and cardio-respiratory testing every 3 months.

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. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back (updated 8/22/14), MRIs (magnetic resonance imaging)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back, MRI

Decision rationale: Pursuant to the Official Disability Guidelines, MRI of the lumbar spine is not medically necessary. MRIs are the test of choice for patients with prior back surgery, but for uncomplicated low back pain, with radiculopathy, MRI is not recommended until at least one month of 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 or findings suggestive of significant pathology. The guidelines (ODG) enumerate the indications for imaging. They include, but are not limited to, lumbar spine trauma, neurologic deficit; uncomplicated low back pain, suspicion of cancer, infection or other red flag; uncomplicated low back pain, with radiculopathy, after at least one month conservative therapy, sooner if severe or progressive neurologic deficit. See guidelines for additional details. In this case, the treating chiropractor saw the patient for the first time on October 7, 2014. Lumbosacral spine x-rays were performed May 8, 2014 (by another earlier treating physician) and were unremarkable. At the time of the initial visit, prior to any conservative measures, the treating chiropractor ordered an MRI of the lumbar spine. The physical examination did not show any neurologic deficit. The originating complaint was low back pain that radiated to the right leg. MRI of the lumbar spine was requested on the date of the initial examination with no consideration for conservative treatment protocols being provided to establish signs of objective functional improvement, thereby avoiding the need for advanced imaging. There were no red flags or neurologic deficits present to establish the immediate need for an MRI of the lumbar spine. There is no appropriate clinical documentation to support requested MRI. Therefore, MRI of lumbar spine is not medically necessary.