

Case Number:	CM14-0198630		
Date Assigned:	12/09/2014	Date of Injury:	03/24/2014
Decision Date:	01/26/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	11/26/2014

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 Family Practice, and is licensed to practice in North Carolina. 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 patient is a 28-year-old with a reported date of injury of 03/28/2014. The patient has the diagnoses of thoracic myalgia, thoracic myospasm, lumbar myalgia, lumbar myospasm and left sided lumbar radiculitis. The injury occurred as a result of a motor vehicle collision. Previous treatment modalities have included physical therapy, acupuncture and epidural steroid injections. Per the most recent progress notes provided for review from the primary treating physician dated 09/16/2014, the patient had complaints of intermittent back pain with radiation to the shoulders, hips, left leg and knee. The physical exam noted trigger points, restricted lumbar range of motion and decreased sensation at the L4/5 dermatomes bilaterally and normal muscle strength. Treatment plan recommendations included physical therapy and review of previous MRI of the thoracic/cervical and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of 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, MRIs

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 303-304.

Decision rationale: The ACOEM chapter on low back complaints and imaging studies states: Table 12-7 provides a general comparison of the abilities of different techniques to identify physiologic insult and define anatomic defects. An imaging study may be appropriate for a patient whose limitations due to consistent symptoms have persisted for one month or more to further evaluate the possibility of potentially serious pathology, such as a tumor. Relying solely on imaging studies to evaluate the source of low back and related symptoms carries a significant risk of diagnostic confusion (false positive test results) because of the possibility of identifying a finding that was present before symptoms began and therefore has no temporal association with the symptoms. Techniques vary in their abilities to define abnormalities (Table 12-7). Imaging studies should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. Because the overall false-positive rate is 30% for imaging studies in patients over age 30 who do not have symptoms, the risk of diagnostic confusion is great. Per the ACOEM, imaging studies are indicated in the presence of red flag symptoms, when suspected cauda equina syndrome, tumor or fracture are strongly suspected or when surgery is being considered. There is no documentation of any of these criteria and no sudden change in the patient's physical exam. There are listed neurologic deficits in the form of decreased sensation, however these are not new physical findings. In the absence of any other physician documentation to consider, the request is not certified.