

Case Number:	CM14-0199780		
Date Assigned:	12/10/2014	Date of Injury:	08/29/2014
Decision Date:	01/27/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/01/2014

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 30-year-old man with a date of injury of August 29, 2014. The mechanism of injury occurred as the IW was loading coolers into a truck. The IW has been diagnosed with sprain/strain of the lumbar region. Pursuant to the progress note dated September 30, 2014, the IW complains of low back pain. Documentation indicated that he is slightly better since last visit. He still has pain while lifting/bending. He is taking his medications as needed. Current medications include Relafen, Flexeril, and Ortho gel. Objectively, there was lumbar reduced range of motion, and slightly positive stiffness with mild tenderness to palpation. There was no swelling noted. There was no neurological exam. There were no radicular findings. The IW has completed 6/6 physical therapy (PT) sessions with benefit. The treating physician is recommending an additional set of PT at 3 times a week for 2 weeks, continue medications, and return in 1 week. The current request is for MRI of the lumbar spine (lower back) as an outpatient.

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 (lower back): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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 evaluation of the lumbar spine is not medically necessary. The guidelines recommend MRI as the test of choice for patients with prior back pain, but for uncomplicated low back pain with radiculopathy, not recommended until at least one month 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 or suggestive of significant pathology. The guidelines enumerate the indications for magnetic resonance imaging. They include, but are not limited to lumbar spine trauma, neurologic deficit; suspicion of cancer, infection or other "red flags"; uncomplicated low back pain with radiculopathy after one month conservative therapy; etc. In this case, the injured worker's working diagnosis is lumbosacral sprain/strain of the lumbar region. The patient has been undergoing physical therapy. The documentation has a checkbox that states improved. However, there is no objective functional improvement present within the documentation. The objective physical examination contains a blood pressure and heart rate. There is a comment regarding that reduced range of motion slightly but slow due to stiffness. There are no neurologic findings, no radicular findings, and no muscle weakness. There is generalized tenderness over the lumbar spine paraspinal region. Consequently, absent the appropriate clinical indications for MRI imaging of the lumbar spine, no positive neurologic findings or radiculopathy, MRI evaluation lumbar spine is not medically necessary.