

Case Number:	CM14-0213391		
Date Assigned:	12/30/2014	Date of Injury:	09/18/2014
Decision Date:	02/24/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/19/2014

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: Texas, California
Certification(s)/Specialty: Family Practice

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 is a 48 years old male patient who sustained an injury on 9/18/2014. He sustained the injury when he pulled on a garden hose and felt pain in his back. The current diagnoses include lumbar sprain and lumbar radiculitis. Per the doctor's note dated 11/5/2014, he had complaints of low back pain and left buttock and hip pain. He had decreased pain with 6 chiropractic visits. The physical examination revealed 50% improvement in lumbar range of motion, positive straight leg raising on the left side and left hip pain with Fabere test. The medications list was not specified in the records provided. Prior diagnostic study reports were not specified in the records provided. Previous operative or procedure note related to the injury was not specified in the records provided. He has had 6 chiropractic visits with improvement for this injury.

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): 303-304.

Decision rationale: Per the ACOEM low back guidelines, "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 who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures)."The records provided do not specify any progression of neurological deficits for this patient. The history or physical exam findings do not indicate pathology including cancer, infection, or other red flags. He has had 6 chiropractic visits with decreased pain and 50% improvement in range of motion for this injury. Failure of a full course of conservative therapy including chiropractic visits and pharmacotherapy is not specified in the records provided. A recent lumbar spine X-ray report is also not specified in the records provided. The medical necessity of MRI of the lumbar spine is not fully established for this patient at this juncture. Therefore, this request is not medically necessary.