

Case Number:	CM14-0062131		
Date Assigned:	07/11/2014	Date of Injury:	01/24/2014
Decision Date:	02/04/2015	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/05/2014

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 Emergency 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 is a 53 year old male who sustained a work related injury on 01/24/2014. The injured worker stated that he was attempting to lift a pipe fitting when he felt a pop in his low back and sharp pain as a result he began to develop pain. Diagnoses consist of: Low back pain, degenerative spinal arthritis, and L4-L5 herniated disc, with significant left L5 neurologic compromise. Treatments have included medications and physical therapy with minimal improvement. The injured worker underwent magnetic resonance imaging 05/11/2014 and has received X-rays Lumbar spine. According to the clinical records submitted in this review the injured worker continues with complaints of low back pain which extends into both legs, with numbness and tingling in his lower extremities, and that his right leg was worse than the left leg in addition to having difficulties with lifting objects. Physician examination of the lumbar spine revealed tenderness, diminished range of motion lumbar spine, numbness on the posterior aspect and lower extremities. This is a request for decision for 1 MRI the Low Back/Lumbar Spine without contrast, as an outpatient. Reason for the request the evaluating physician indicated low back pain. On 04/18/2014 Utilization Review non-certified the request for 1 MRI the Low Back/Lumbar Spine without contrast, as an outpatient. The ACOEM 2004 OMPG Low Back guidelines were not established. In this case, based on the clinical records submitted in this review, in the absence of red flags, imaging and other tests are not usually helpful during the first four to six weeks of low back symptoms however; in addition, the evaluating physician did not document that the injured worker is willing to consider operative intervention. Therefore, the request for 1 MRI the Low Back/Lumbar Spine without contrast, as an outpatient, was recommended for non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRI the low back/lumbar spine without contrast, as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287 and 303, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The requested 1 MRI the low back/lumbar spine without contrast, as an outpatient, is not medically necessary. CA MTUS, ACOEM 2nd Edition, 2004, Chapter 12, Lower Back Complaints, Special Studies and Diagnostic and Therapeutic Considerations, Pages 303-305, recommend imaging studies of the lumbar spine with "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option". The injured worker has low back pain which extends into both legs, with numbness and tingling in his lower extremities. The treating physician has documented the lumbar spine revealed tenderness, diminished range of motion lumbar spine, numbness on the posterior aspect and lower extremities. The treating physician has not documented a positive straight leg raising test, nor deficits in reflexes or muscle Strength, or intention for a surgical treatment option. The criteria noted above not having been met, 1 MRI the low back/lumbar spine without contrast, as an outpatient is not medically necessary.