

Case Number:	CM15-0003884		
Date Assigned:	01/15/2015	Date of Injury:	09/05/2012
Decision Date:	03/10/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	01/08/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 43 year old male, who sustained an industrial injury on September 5, 2012, lifting a garbage bag. He reported feeling a sudden onset of low back pain. The diagnoses have included low back pain and lumbar sprain. Treatment to date has included a bilateral L4-L5 transforaminal lumbar interbody fusion with posterolateral arthrodesis at L4-S1, electrical bone growth stimulator, medication, and physical therapy. Currently, the injured worker complains of lower backache and bilateral lower extremity pain. The Physician's visit dated December 2, 2014, noted the lumbar spine range of motion restricted, limited by pain, with straight leg raising test negative. Motor examination of the injured worker revealed normal tone, power of muscles. On December 11, 2014, Utilization Review non-certified a MRI of the lumbar spine, noting the injured worker had subjective pain, but no objective findings of radiculopathy, and no plain x-rays to evaluate the healing after his spinal fusion, citing the MTUS, ACOEM Guidelines, Chapter 12, Low Back Complaints. On January 8, 2015, the injured worker submitted an application for IMR for review of a MRI of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI 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): Chapter 12- Low Back Complaints, Imaging, pages 303-304.

Decision rationale: ACOEM Treatment Guidelines for the Lower Back Disorders, under Special Studies and Diagnostic and Treatment Considerations, states Criteria for ordering imaging studies include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports have not adequately demonstrated the indication for MRI of the Lumbar spine nor document any failed conservative trial with medications and therapy. The patient's exam is without any neurological deficits or acute change in clinical findings to support for the study. Also, when the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The MRI Lumbar Spine is not medically necessary and appropriate.