

Case Number:	CM15-0139778		
Date Assigned:	07/30/2015	Date of Injury:	02/17/2015
Decision Date:	09/02/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/20/2015

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: 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:

The injured worker is a 24-year-old male who sustained an industrial injury on February 27, 2015 resulting in low back pain. He was diagnosed with lumbar sprain. Treatment has included chiropractic and physical therapy treatments with temporary improvement, and medication. The injured worker continues to report worsening low back pain and additionally, some thoracic pain. The treating physician's plan of care includes lumbar MRI without contrast. Current work status is not available. Per the note dated 5/4/15 the patient had complaints of low back pain at 6/10. Physical examination of the lumbar spine revealed positive SLR at 90 degree and normal range of motion. The patient has had negative SLR and normal DTRs on 3/09/15. Any surgical or procedure note related to this injury was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Lumbar without contrast: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: Request: MRI Lumbar without contrast. Per the ACOEM low back guidelines cited below "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, computed tomography [CT] for bony structures)." He was diagnosed with lumbar sprain. Treatment has included chiropractic and physical therapy treatments with temporary improvement, and medication. The injured worker continues to report worsening low back pain and additionally, some thoracic pain. Per the note dated 5/4/15 the patient had complaints of low back pain at 6/10. Physical examination of the lumbar spine revealed positive SLR at 90 degree and normal range of motion. This was not present earlier per the notes dated 3/9/15, so this is a significant change in status. This is suggestive of possible neurocompression. He has been treated already with medications and physical therapy. The MRI Lumbar without contrast is deemed medically appropriate and necessary for this patient.