MAXIMUS Federal Services

Case Number:	CM15-0169825		
Date Assigned:	09/10/2015	Date of Injury:	07/12/2015
Decision Date:	10/08/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	08/28/2015

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: New Jersey, Alabama, California
Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 48-year-old male, with a reported date of injury of 07-12-2015. The mechanism of injury was the result of loading a plane; he injured his right middle finger and right ankle. The diagnoses include lumbar spine sprain, strain, and lumbar contusion. Treatments and evaluation to date have included physical therapy and oral medications. The diagnostic studies to date have included an MRI of the lumbar spine on 08/12/2015 which showed broad-based disc bulges at L2-3 through L5-S1, posterior annular fissures at L4-5 and L5-S1, mild multilevel facet arthropathy, and moderate right neural foraminal narrowing at L4- 5.The medical report dated 08-04-2015 was of a poor quality copy. The medical report dated 07- 30-2015 indicates that the injured worker has been off work since his last visit. He had completed two physical therapy sessions, and stated that his lower back was still sore, as well as the elbow. His pain level was rated 1 out of 10. The improvement status was noted as mild improvement. The injured worker stated that he was unable to return to full duty at that time. On 06-26-2015, the injured worker rated his middle finger pain 8 out of 10, and his right ankle pain 6 out of 10. The injured worker's low back pain was not discussed. The objective findings include healing of the abrasive injury over the olecranon, diffuse tenderness to palpation over the forearm and wrist, reduced diffuse tenderness over L3-5 paraspinals, and mild tenderness to palpation over the elbow and forearm. There were no objective findings documented about the low back in the 06-26-2015 report. The treating physician noted that the injured worker's work status would be revised on the next follow-up visit. The injured worker's work status was noted as modified work. The request for authorization was dated 08-06-2015. The treating physician

requested an MRI of the lumbar spine. On 08-13-2015, Utilization Review non-certified the request for an MRI of the lumbar spine due to the lack of documentation of improvement with physical therapy and minimal reported pain.

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 Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004,
Section(s): Special Studies.

Decision rationale: Regarding the indications for imaging in case of back pain, MTUS guidelines stated: "Lumbar spine x rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. However, it may be appropriate when the physician believes it would aid in patient management. 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)." Furthermore, and according to MTUS guidelines, MRI is the test of choice for patients with prior back surgery, fracture or tumors that may require surgery. The patient does not have any clear evidence of lumbar radiculopathy. There are no significant changes in the patient condition. Therefore, the request for MRI of the lumbar spine is not medically necessary.