

Case Number:	CM15-0186377		
Date Assigned:	09/28/2015	Date of Injury:	08/10/2015
Decision Date:	11/09/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/22/2015

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 45 year old male, who sustained an industrial-work injury on 8-10-15. He reported initial complaints of back pain. The injured worker was diagnosed as having lumbar radiculopathy, sciatica, and lumbar sprain-strain. Treatment to date has included medication, orthopedic consultation, and back support. Currently, the injured worker complains of low back pain described as sharp, intermittent, and severe and rated 9 out of 10. There was limited back motion and weakness on the left with numbness and tingling of the lower extremities. He is on modified duty, tolerating medication, and having no new symptoms. Medications include Acetaminophen, Nabumetone, and Orphenadrine Citrate ER. Per the follow up medical report on 8-26-15, exam notes normal gait, normal posture, no weakness of the lower extremities, spasms of the thorocolumbar spine and paravertebral musculature with tenderness, restricted range of motion, heel-toe ambulation is normal, DTR (deep tendon reflexes) are 2-4, decreased sensation to right lateral leg and medial foot and right lateral leg and foot, and positive straight leg raise. The Request for Authorization requested service to include MRI lumbosacral. The Utilization Review on 9-8-15 denied the request for MRI lumbosacral, per CA MTUS (California Medical Treatment Utilization Schedule) Guidelines, Low Back Complaints 2004.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI lumbosacral: Overturned

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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter under MRI's (magnetic resonance imaging).

Decision rationale: The current request is for a MRI lumbosacral. The RFA is dated 08/26/15. Treatment to date has included medication, work restrictions, orthopedic consultation, and back support. The patient may return to modified work duty. ACOEM guidelines, Chapter 12, page 303 states: "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." (page 303) ODG guidelines, Low back chapter under MRI's (magnetic resonance imaging) (L-spine) states that "for uncomplicated back pain MRIs are recommended for radiculopathy following at least one month of conservative treatment." ODG Guidelines do not support MRIs unless there are neurologic signs/symptoms present. "Repeat MRIs are indicated only if there has been progression of neurologic deficit." Per report 08/26/15, the patient presents with low back pain with radiation of pain to the right leg with associated paresthesia. The patient rated the pain as 9 out of 10. The patient also reports numbness and tingling. Examination revealed limited range of motion, positive straight leg raise, decreased sensory and weakness with numbness and tingling of the bilateral lower extremities. The treater requested a MRI for possible herniated lumbar disc. There is no indication of prior MRI. The patient was referred for chiropractic treatment on 08/19/15, but it is unclear if the patient participated in this treatment modality. In this case, the patient has a date of injury of 08/10/15 and has not yet participated in conservative measures for at least one month; however, given the significant findings on examination an MRI at this juncture is reasonable. This request IS medically necessary.