

Case Number:	CM15-0186900		
Date Assigned:	09/28/2015	Date of Injury:	07/14/2015
Decision Date:	11/06/2015	UR Denial Date:	08/15/2015
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: Montana, Oregon, Idaho
 Certification(s)/Specialty: Orthopedic Surgery

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 42 year old male who sustained an industrial injury on 7-14-15. Diagnoses are noted as radiculopathy-lumbar, sprain-strain-lumbar, and muscle spasm-back. Previous treatment includes chiropractic visits, and medication. In a progress report dated 8-3-15, the physician notes, since last exam, his condition has worsened. Pain of the lumbar spine is reported to be "extremely severe" and symptoms are exacerbated by use. Pain is rated at 7 out of 10 (on 7-15-15 pain is rated 8 out of 10). Current medications are Cyclobenzaprine, Nabumetone, Omeprazole, and Tramadol HCL Acetaminophen. Gait is normal. Physical exam reveals, tenderness and spasms of the thoracolumbar spine and paravertebral musculature, back range of motion is restricted, and straight leg raise test is negative. It is noted that radicular pain is becoming very bothersome and the plan is to order an MRI and start Prednisone for the week, refill Ultracet, and Relafen for use after Prednisone, continue chiropractic and take off of work this week for home modality treatment and stretching. Work status is off work for 5 days. The requested treatment of MRI of the lumbar spine was non-certified on 8-15-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the 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: According to CA MTUS/(ACOEM), 2nd edition (2004), page 303, Low Back Complaints, Chapter 12, which is part of the California Medical Treatment Utilization Schedule. It 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. 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)." MRI imaging is indicated when cauda equina syndrome, tumor, infection or fracture are strongly suspected and plain film radiographs are negative. In this particular patient there is no indication of criteria for an MRI based upon physician documentation or physical examination findings from the exam note of 8/3/15. There is no documentation nerve root dysfunction or failure of a treatment program such as physical therapy. The exam notes in fact document improvement in pain rating. There is no evidence of weakness, numbness or physical findings which indicate radicular symptoms. Therefore the request of the MRI of the lumbar spine is not medically necessary and appropriate and is non-certified.