

Case Number:	CM15-0195440		
Date Assigned:	10/09/2015	Date of Injury:	08/12/2015
Decision Date:	11/20/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/05/2015

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:

This 24 year old male sustained an industrial injury on 8-12-15. Documentation indicated that the injured worker was receiving treatment for lumbar sprain and strain. Previous treatment included physical therapy, chiropractic therapy and medications. In a PR-2 dated 8-13-15, the injured worker complained of constant low back pain, rated 7 to 8 out of 10 on the visual analog scale without radiation of pain. In a PR-2 dated 9-14-15, the injured worker complained of low back pain with radiation to the right lower leg. The injured worker reported that he was slowly getting better. The injured worker was still walking very slowly with ongoing tenderness to palpation to the lumbar spine. In a chiropractic therapy progress report dated 9-18-15, the injured worker reported that his low back and right posterior leg pain were 25% improved. Physical exam was remarkable for subluxation at L1, L5 and the sacrum, "slightly increased" lumbar range of motion and positive right straight leg raise. The physician noted that the injured worker was much more comfortable. The practitioner stated that he felt it was possible that the injured worker suffered a stellate or endplate fracture in the lower lumbar region. The practitioner recommended lumbar magnetic resonance imaging. In a PR-2 dated 9-21-15, the injured worker reported that he felt worse with lumbar spine and right leg pain rated 8 out of 10. The injured worker stated that he had not made much progress with physical therapy and that he was getting better very slowly. The injured worker had received greater than 7 chiropractic therapy sessions. The treatment plan included continuing medications (Norco and Naproxen Sodium), starting Cyclobenzaprine and magnetic resonance imaging lumbar spine. On 9-28-15, Utilization Review non-certified a request for magnetic resonance imaging lumbar spine without contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbar without contrast: 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 MRIs.

Decision rationale: The current request is for MRI of the lumbar without contrast. Previous treatment included physical therapy, chiropractic therapy and medications. The patient remains off work. MTUS/ACOEM Guidelines, Low Back Complaints, and 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." Official Disability Guidelines, Low back chapter, under MRIs (magnetic resonance imaging) (L-spine) has the following: Indications for imaging - Magnetic resonance imaging: Uncomplicated low back pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit. Per report 09/14/15, the patient continues to complain of low back pain with radiation to the right lower leg. The patient reported ongoing tenderness to palpation to the lumbar spine. Physical exam was remarkable for subluxation at L1, L5 and the sacrum, slightly decreased lumbar range of motion and positive right straight leg raise. The treater stated that he felt it was possible that the patient may have suffered a stellate or endplate fracture in the lower lumbar region, and recommended was made for a lumbar magnetic resonance imaging. The UR dated 09/22/15 denied the request stating that "Advanced imaging is not medically necessary to evaluate subjective complaints absent objective findings of any injury related to the reported event." The patient has a date of injury of 08/12/15, and has participated in some PT and chiro treatment, with continued pain with radicular symptoms. An MRI at this juncture is reasonable and supported by guidelines. Therefore, the request is medically necessary.