

Case Number:	CM15-0200345		
Date Assigned:	10/15/2015	Date of Injury:	08/20/2015
Decision Date:	11/24/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/13/2015

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, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 46 year old male, who sustained an industrial injury on 08-20-2015. A review of the medical records indicates that the worker is undergoing treatment for lumbosacral sprain and strain and right sciatica. Minimal medical records were submitted for review. X-rays of the lumbar spine on 08-25-2015 showed minimal deviation of the spine to the left with minimal loss of lumbar lordosis lateral projection, small osteophyte L4 and L5 present with degenerative joint narrowing disc space L4-L5. Subjective complaints (09-22-2015) included right low back pain radiating to the right posterior leg and numbness of the 4th and 5th toe. Objective findings (09-22-2015) showed diffuse tenderness of the right lower lumbar paraspinal muscles, muscle spasm, restricted range of motion and positive straight leg raise test at 30 degrees on the right side. Treatment has included Motrin. The physician noted that an MRI of the lumbosacral spine would be requested but did not specify the rationale for the request. Work status was documented as off work. A utilization review dated 10-01-2015 non-certified a request for MRI of the lumbosacral spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbosacral spine: Upheld

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

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

Decision rationale: American College of Occupational and Environmental Medicine, page 303, Low Back Complaints. This claimant was injured in April 2015 with lumbosacral sprain and strain and right sciatica. Minimal medical records were submitted for review. There was a positive straight leg raise test at 30 degrees on the right side. Treatment has included Motrin. The physician noted that an MRI of the lumbosacral spine would be requested, but did not specify the rationale for the request. The rationale for the MRI is unclear from the records. Moreover, under MTUS/ACOEM, although there is subjective information presented in regarding increasing pain, there are little accompanying physical signs. Even if the signs are of an equivocal nature, the MTUS note that electrodiagnostic confirmation generally comes first. They note "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." The guides warn that indiscriminate imaging will result in false positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. I did not find electrodiagnostic studies. These criteria are also not met in this case; the request was appropriately non-certified under the MTUS and other evidence-based criteria. Therefore, the request is not medically necessary.