

Case Number:	CM15-0200853		
Date Assigned:	10/15/2015	Date of Injury:	08/14/2015
Decision Date:	11/24/2015	UR Denial Date:	09/15/2015
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: New Jersey, New York
 Certification(s)/Specialty: Family Practice

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 52 year old male who sustained an industrial injury on 08-14-2015. According to a Doctor's First Report of Injury dated 08-14-2015, the injured worker reported that he felt a dull minor pain at the right lower back on the date of injury. Current symptoms included pain of the right lower leg lateral aspect. He denied motor or sensory deficits of the lower extremities. There was no bowel or bladder dysfunction. Sitting and bending caused increased pain in his right lower back. He took Ibuprofen and did ice treatments at home for his pain. Assessment included lumbosacral sprain strain sprain. The provider recommended modified duty, physical therapy, ice treatments, Tramadol and Tylenol. On 08-25-2015, the provider noted that an x-ray of the lumbosacral spine was performed which showed "nothing acute". Radiographic imaging reports were not submitted for review. On 08-28-2015, the provider noted that the injured worker was experiencing "significant" low back pain, right sciatica and right radiculopathy of the right lower extremity. MRI of the lumbar spine was recommended. According to a progress report dated 09-10-2015, the provider noted that the MRI that was ordered was still pending. Low back pain was improving. The injured worker still had right radicular pain but was only in the right hip and right lower leg and was intermittent. There were no motor or sensory deficits of the lower extremities and no bowel or bladder dysfunction. He had gone to physical therapy 4 times. He had a home exercise program from physical therapy. He was on no duty. Back exam revealed forward flexion was done to reach the fingers to the proximal one-third of the lower legs. Extension was slightly decreased. Left lateral bending was full. Right lateral bending was done to reach the fingers to the proximal knee level. Rotations were slightly decreased. He had pain of the right lower back on flexion, extension, right lateral

bending and rotation. He was tender to palpation only at the right lower lumbar and upper sacral regions. Straight leg raises were full. The right caused low back pain and the left was negative for any symptoms. There was no sciatica or other radicular symptoms on straight leg raises. Toe walking and heel walking were normal, but he had some right low back pain that he admitted to on heel walking. He had symmetrically 2 out of 4 patellar reflexes and Achilles reflexes. Sensation of the lower extremities was intact to soft touch testing. Lower extremity strength was 5 out of 5 when he tried. Diagnoses included lumbosacral back strain sprain, no current sciatica and no lumbar right radiculopathy on exam. The treatment plan included modified duty, complete physical therapy, home exercise program, ice treatments, Ibuprofen, Norco and Gabapentin. Physical therapy progress reports were not submitted for review. An authorization request dated 09-03-2015 was submitted for review. The requested services included lumbar MRI. On 9-15-2015, Utilization Review non-certified the request for MRI of the lumbar spine.

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, Section(s): Special Studies, and Chronic Pain Medical Treatment 2009.

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

Decision rationale: The request for lumbar MRI is medically unnecessary. An MRI of lumbar spine is useful to identify specific nerve compromise found on physical exam. This patient did not have any documented specific nerve deficits on exam. He had normal sensation and equal deep tendon reflexes on exam. Indiscriminant imaging can result in false positive findings, such as disc bulges, that may not be the source of the pain or warrant surgery. Patient also had improvement in symptoms after physical therapy and was able to return to work. Because of these reasons, the request for lumbar MRI is medically unnecessary.