

Case Number:	CM15-0219232		
Date Assigned:	11/12/2015	Date of Injury:	08/18/2015
Decision Date:	12/22/2015	UR Denial Date:	10/27/2015
Priority:	Standard	Application Received:	11/06/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 31 year old male, who sustained an industrial injury on 8-18-2015. Diagnoses include cervical strain, lumbar strain, and scalp contusion. Treatments to date include activity modification, NSAID, and muscle relaxant, and physical therapy. On 9-16-15, he complained of ongoing low back pain rated 9 out of 10 VAS. The physical examination documented lumbar tenderness. It was noted he was to begin physical therapy on this date. At re-evaluation on 10-14-15, he reported no change in pain, and reported occasional radicular left symptoms. The physical examination documented lumbar tenderness with palpation. The plan of care included medication refill of cyclobenzaprine and a request for a lumbar spine MRI. The appeal requested authorization for MRI of right lumbar spine and MRI of left lumbar spine. The Utilization Review dated 10-27-15, denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right lumbar spine without contrast: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging): Indications for imaging.

Decision rationale: The claimant sustained a work injury on 08/18/15 when, while driving a standing forklift, he was struck on the top of his head by a large commercial garage door. He was seen on the day of injury and a CT scan of the cervical spine and thoracic spine plain film x-ray was done without acute findings. On 08/24/15 he was having neck, back, and chest pain. He was referred for physical therapy which he was starting on 09/16/15. When seen on 10/14/15 he was having neck and back pain. He had pain rated at 8/10. He was having occasional left-sided radicular symptoms. He had been missing physical therapy appointments. He was working with restrictions. Physical examination findings included bilateral lumbar paraspinal tenderness. There was a normal neurological examination. Medications were prescribed. Authorization was requested for an MRI scan of the lumbar spine. For uncomplicated low back pain with radiculopathy an MRI of the lumbar spine is not recommended until after at least one month conservative therapy unless there is severe or progressive neurologic deficit. In this case, there are no physical examination findings such as decreased strength or sensation in a myotomal or dermatomal pattern or asymmetric reflex response that supports a diagnosis of radiculopathy. There are no progressive neurological findings. When requested, the claimant had not participating in at least one month of recommended conservative treatments. The requested MRI of the lumbar spine is not medically necessary.

MRI of the left lumbar spine without contrast: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging): Indications for imaging.

Decision rationale: The claimant sustained a work injury on 08/18/15 when, while driving a standing forklift, he was struck on the top of his head by a large commercial garage door. He was seen on the day of injury and a CT scan of the cervical spine and thoracic spine plain film x-ray was done without acute findings. On 08/24/15 he was having neck, back, and chest pain. He was referred for physical therapy which he was starting on 09/16/15. When seen on 10/14/15 he was having neck and back pain. He had pain rated at 8/10. He was having occasional left-sided radicular symptoms. He had been missing physical therapy appointments. He was working with restrictions. Physical examination findings included bilateral lumbar paraspinal tenderness. There was a normal neurological examination. Medications were prescribed. Authorization was requested for an MRI scan of the lumbar spine. For uncomplicated low back pain with radiculopathy an MRI of the lumbar spine is not recommended until after at least one month conservative therapy unless there is severe or progressive neurologic deficit. In this case, there are no physical examination findings such as decreased strength or sensation in a myotomal or dermatomal pattern or asymmetric reflex response that supports a diagnosis of radiculopathy. There are no progressive neurological findings. When requested, the claimant had not participating in at least one month of recommended conservative treatments. The requested MRI of the lumbar spine is not medically necessary.