

Case Number:	CM15-0221572		
Date Assigned:	11/17/2015	Date of Injury:	05/11/2015
Decision Date:	12/30/2015	UR Denial Date:	10/21/2015
Priority:	Standard	Application Received:	11/11/2015

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:

The injured worker is a 30-year-old male, with a reported date of injury of 05-11-2015. The diagnoses include lumbosacral sprain and strain without radiculopathy. The progress report dated 08-28-2015 indicates that the injured worker completed six sessions of physical therapy. He has been experiencing more profound numbness, tingling in his legs as well as essentially a dead arm sensation in the right upper extremity. On 07-24-2015, it was noted that the injured worker rated his low back pain 6 out of 10. The objective findings (07-24-2015 and 08-28-2015) include diffuse paraspinal tenderness at L1-S1 as well as the superior iliac crest; lumbar forward flexion at 65 degrees; lumbar extension at 10 degrees; a normal gait; ability to heel and toe walk without pain; normal sensation in the bilateral lower extremity; and bilateral straight leg raise at 80 degrees. On 08-28-2015, the injured worker has been instructed to remain off work until 10-09-2015. The diagnostic studies to date have not been included in the medical records. Treatments and evaluation to date have included Acetaminophen, Nabumetone, Orphenadrine, Cyclobenzaprine, Naproxen, and physical therapy. The request for authorization was dated 09-24-2015. The treating physician requested an MRI of the lumbar spine. On 10-21-2015, Utilization Review (UR) non-certified the request for an 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 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar and Thoracic Chapter, under MRIs.

Decision rationale: The current request is for MRI LUMBAR SPINE. The RFA is dated 09/24/15. Treatment history included physical therapy, activity modification, and medications. The patient is temporarily disabled. MTUS/ACOEM Guidelines, Chapter 12, Special Studies Section, page 303 states, "Unequivocal and equivocal objective findings that identified specific nerve compromise on neurological examination or sufficient evidence to warrant imaging in patient who did not respond well to retreatment and who could consider surgery an option. Neurological examination is less clear; however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." ODG Guidelines, Low Back-Lumbar and Thoracic Chapter, under MRIs states that "MRIs are tests of choice for patients with prior back surgery, but for uncomplicated low back with radiculopathy, not recommended until at least 1 month of conservative care, sooner if severe or progressive neurologic deficit." Per report 08/28/15, the patient presents with lower back pain with numbness and tingling in this legs. Physical examination revealed paraspinal tenderness diffusely in L1 to S1 as well as superior iliac crest. There is decrease in range of motion. The patient is able to walk on toes and heels without pain, and motor strength, reflexes, and sensory are all normal. Straight leg raise is 80 degrees. The listed diagnosis include lumbar sprain/strain "without radiculopathy." The treater recommended an MRI of the lumbar spine stating that the patient has "progression of symptoms." The patient did have x-rays done of the lumbar and cervical spine but the results were not provided. There is no indication of an MRI. In this case, examination findings do not indicate neurological deficits. MTUS allow for such imaging when objective findings identify nerve compromise. The patient's motor strength, reflexes, sensory and SLR testing are all within normal limits. Therefore, the request IS NOT medically necessary.