

Case Number:	CM15-0032611		
Date Assigned:	02/26/2015	Date of Injury:	10/08/2014
Decision Date:	04/07/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	02/20/2015

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 43-year-old male who reported an injury on 10/08/2014. The mechanism of injury was the injured worker was working as a truck driver when he sustained injuries to his low back and left knee. The injured worker was transferring items from 1 trailer to another and he carrying a 25 pound box in the back of the truck and he accidentally stepped and slipped on a piece of glass from a picture frame. The injured worker fell, holding the box in a sitting position. The documentation of 02/26/2015 revealed the injured worker had low back ache and left knee pain. The quality of sleep was poor. The medications include ibuprofen 800 mg 1 tablet 3 times a day as needed for pain and tramadol hydrochloride 50 mg 1 tablet twice daily as needed for pain. The surgical history was stated to be none. The physical examination revealed the injured worker had decreased range of motion and had pain with lumbar flexion. The straight leg raise test and Patrick Faber were negative. Motor strength was 5/5. Sensory examination into the lower extremities was intact bilaterally. The diagnosis was low back pain and left knee pain. The treatment plan included physical therapy and medications. The documentation of 02/05/2015 revealed the injured worker had decreased range of motion and spasms and tenderness to palpation over the lumbar paravertebral musculature. The straight leg raise and Patrick Faber test were negative. There was pain with lumbar flexion. The sensory examination was within normal limits and motor strength was 5/5. The deep tendon reflexes were 1/4 in the knees and ankles. A request was made for an MRI of the lumbar spine and x-ray series of the lumbar spine with lateral flexion and extension views to rule out instability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic resonance imaging (MRI) of the Lumbar Spine without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The American College of Occupational and Environmental Medicine indicate that lumbar spine x-rays should not be recommended in injured workers with low back pain in the absence of red flags for serious spinal pathology even if pain has persisted for at least 6 weeks. Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient to warrant imaging in injured worker who do not respond to treatment and who would consider surgery an option. The clinical documentation submitted for review failed to indicate the injured worker had unequivocal objective findings identifying specific nerve compromise as it was indicated the injured worker had sensation and strength that was within normal limits in the lower extremities. The deep tendon reflexes were 1/4 in the knees and ankles. Additionally, there was a lack of documentation of a failure of conservative care to support the necessity for an MRI. Given the above, the request for a magnetic resonance imaging (MRI) of the lumbar spine without contrast is not medically necessary.