

Case Number:	CM15-0055622		
Date Assigned:	03/30/2015	Date of Injury:	10/26/2013
Decision Date:	05/07/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/24/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 24 year old male who sustained an industrial injury on 10/26/2013. His diagnoses, and/or impressions, include lumbar myospasm and right lower extremity radiculopathy. Current magnetic resonance imaging studies of the lumbar spine are noted to have been requested. His treatments have included medication management. The physician's report of 2/4/2015, note complaints of unchanged radiating low back pain into the right lower extremity. The physician's treatment requests include an x-rays "4s AP/lat/flex/ext" of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-Ray of the Lumbar Spine 3 Views: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287, 303. Decision based on Non-MTUS Citation Official Disability Guidelines (20th Annual Edition) and ODG Treatment in Workers' Comp (13th Annual Edition), 2015, Low Back Chapter, Radiographs.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315.

Decision rationale: The ACOEM Guidelines support the use of radiographs in determining the cause of lower back complaints in limited cases, such as in select cases involving findings suspicious for a fracture, cancer, or infection. The submitted and reviewed documentation indicated the worker was experiencing lower back pain that went into the right leg. There were no documented red flag findings or discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for x-rays of three views of the lower back region is not medically necessary.

MRI of the Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (19th Annual Edition and 12th Annual Edition), 2014, Low Back Chapter, Repeat MRI.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-326.

Decision rationale: The ACOEM Guidelines recommend reserving advanced imaging of the lumbar spine with MRI for those with clear objective examination findings identifying specific nerve compromise when the symptoms and findings do not respond to treatment with conservative management for at least a month and when surgery remains a treatment option. These Guidelines also encourage that repeat advanced imaging should be limited to those with newly worsened or changed signs and symptoms. The submitted and reviewed documentation indicated the worker was experiencing lower back pain that went into the right leg, headaches, and ringing in the ears. Documented examinations did not describe findings consistent with an issue involving a specific spinal nerve. There was no discussion describing the worker as a candidate for surgery or special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for a MRI of the lumbar spine region is not medically necessary.