

Case Number:	CM15-0083575		
Date Assigned:	05/05/2015	Date of Injury:	02/19/2015
Decision Date:	06/23/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	05/01/2015

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: Internal 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 59 year old male, who sustained an industrial injury on February 19, 2015. The injured worker reported low back, hip and leg pain due to bouncing while driving. The injured worker was diagnosed as having lumbago and lumbosacral strain/sprain. Treatment and diagnostic studies to date have included physical therapy and medication. A progress note dated April 6, 2015 provides the injured worker complains of low back right hip and leg pain. He rates his pain as 2/10 and increasing to 7/10 at work. Physical exam notes lumbar and sacral tenderness and swelling with spasm. The plan includes magnetic resonance imaging (MRI), medication, physical therapy and activity restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRI of the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304, 308-310.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses magnetic resonance imaging MRI of the lumbosacral spine. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints states that relying solely on imaging studies to evaluate the source of low back and related symptoms carries a significant risk of diagnostic confusion (false-positive test results). Table 12-8 Summary of Recommendations for Evaluating and Managing Low Back Complaints (Page 308-310) recommends MRI when cauda equina, tumor, infection, or fracture are strongly suspected and plain film radiographs are negative. The primary treating physician's progress report dated 4/6/15 documented subjective complaints of lower back pain. The date of injury was 2/19/15. Objective findings included restricted range of motion of the lumbar spine with 65 degrees in flexion, 15 degrees in extension, 15 degrees in right and left rotation, and 10 degrees in right and left lateral flexion. Negative straight leg raising test was noted. No neurological deficits were noted. Lumbar tenderness was noted. Negative sensory deficit was noted. No motor strength deficit was noted. Diagnoses were acute lumbago and lumbosacral sprain and strain. MRI of the lumbar spine was requested. No plain film radiographs X-ray results were documented. No objective evidence of neurologic deficit was documented. No evidence of cauda equina, tumor, infection, or fracture was documented. Therefore, the request for lumbar MRI magnetic resonance imaging is not supported by MTUS & ACOEM guidelines. Therefore, the request for MRI of the lumbar spine is not medically necessary.