

Case Number:	CM15-0089921		
Date Assigned:	05/14/2015	Date of Injury:	04/26/2011
Decision Date:	08/17/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/11/2015

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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 35 year old male, who sustained an industrial injury on April 26, 2011. He reported an injury to his lower back. The injured worker was diagnosed as having lumbar sprain and strain and displacement of thoracic or lumbar intervertebral disc without myelopathy. Treatment to date has included diagnostic studies, transcutaneous electrical nerve stimulation unit and medications. On April 30, 2015, the injured worker complained of continued pain the low back, right greater than left. He also reported numbness in the right foot and shooting pain down to the right leg. The treatment plan included an MRI of the lumbar spine, medication and transcutaneous electrical nerve stimulation unit. On April 30, 2015 Utilization Review non-certified the request for MRI of the lumbar spine, citing California MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Lumbar Spine: 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.

Decision rationale: This claimant was injured in 2011 with diagnoses of a lumbar sprain and strain and displacement of thoracic or lumbar intervertebral disc without myelopathy. Treatment to date has included diagnostic studies, transcutaneous electrical nerve stimulation unit and medications. As of April 2015, there still was pain, and subjective numbness and shooting pains. It is not clear there were changes in neurologic signs and symptoms from the previous MRI. Under MTUS ACOEM, although there is subjective information presented in regarding increasing pain, there are little accompanying physical signs. Even if the signs are of an equivocal nature, the MTUS note that electrodiagnostic confirmation generally comes first. They note "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." The guides warn that indiscriminate imaging will result in false positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. I did not find electrodiagnostic studies. Therefore, this request is not medically necessary.