

Case Number:	CM14-0113923		
Date Assigned:	09/18/2014	Date of Injury:	11/27/2013
Decision Date:	10/21/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/18/2014

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 40-year-old male patient who reported an industrial injury to the back on 11/27/2013, 11 months ago, attributed to the performance of his usual and customary job tasks in construction reported as lifting a tool box and perceiving back pain. The patient reported continued lower back pain that did not radiate to the bilateral lower extremities. The patient reported mild numbness to the left leg. The objective findings on examination included normal affect and mood; gait is slow and guarded; able to walk on toes and heels; diminished range of motion to the lumbar spine; motor strength 5/5; light touch and sensation is intact to both lower extremities; reflexes were 2+ bilaterally and symmetrical; positive tenderness to palpation to the paraspinal midline lumbosacral musculature. X-rays of the lumbar spine documented evidence of moderate loss of disc height at L4-L5 and advanced loss of disc height at L5-S1; mild anterior osteophytes present at L4-L5 and L5-S1; no evidence of spondylosis or spondylolisthesis. The diagnosis was lumbar strain and lumbar degenerative disc disease at L4-L5 and L5-S1. The treatment plan included a MRI the lumbar spine. The patient was prescribed Mobile 15 mg every day and continued exercises in a self-directed home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging) 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 (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter, MRI lumbar spine

Decision rationale: The request for the authorization of a MRI of the lumbar spine for the diagnosis of lumbar spine pain was not supported with objective evidence on examination by the treating physician as there were no neurological deficits documented and no red flags documented for the reported pain to the back, which did not radiate to the lower extremities beyond the thighs. The patient was ordered a MRI of the lumbar spine to rule out herniated nucleus pulposus/discopathy as a screening study. There was no evidence of changes in clinical status to warrant imaging studies of the lumbar spine. The request was not made with the contemplation of surgical intervention but as a screening study. The patient was noted to have only lower back pain radiating to the thighs without any extension to the lower extremities. The diagnosis is consistent with a musculoligamentous sprain/strain without evidence of a nerve impingement radiculopathy. The patient was not noted to have objective findings documented consistent with a change in clinical status or neurological status to support the medical necessity of a MRI of the lumbar spine. The patient was documented to have subjective complaints of pain to the lower back with no documented radiation to the LEs. The patient reported persistent pain; however, there were no specified neurological deficits. There was no demonstrated medical necessity for a MRI of the lumbosacral spine based on the assessment of a musculoskeletal sprain/strain. There are no documented progressive neurological changes as objective findings documented consistent with a lumbar radiculopathy as effects of the date of injury. There was no documented completion of the ongoing conservative treatment to the lower back and there is no specifically documented home exercise program for conditioning and strengthening. There are no demonstrated red flag diagnoses as recommended by the ODG or the ACOEM Guidelines. The use of the MRI for nonspecific back pain is only recommended after three (3) months of symptoms with demonstrated failure of conservative care. The request for a MRI of the lumbar spine for chronic pain is not demonstrated to be medically necessary.