

Case Number:	CM14-0123370		
Date Assigned:	08/08/2014	Date of Injury:	06/11/2014
Decision Date:	10/14/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/05/2014

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 Physical Medicine and Rehabilitation 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 case of a 46-year-old female who has filed a claim for lumbosacral strain associated with an industrial injury date of 06/13/14. Progress reports from 2014 were reviewed and showed that the patient reported low-back pain when she was lifting boxes of D batteries. She was able to complete her shift that day and has been performing her usual duties. Since the time she sought consult, the pain has not improved and has worsened, experiencing increased pain with activity. She has limited functional activities, such as transfers, dressing, walking, standing, stair climbing, and lifting. On physical examination, there was tenderness on the paralumbar spine. She was able to flex to 45 degrees upon lumbosacral ROM exercises, but with pain. She was able to full right and left lateral bend, but with pain. Motor exam was completely normal. Deep tendon reflexes were normal bilaterally. Treatment to date has included medication, physical therapy, hot/cold packs, home exercises, electrical stimulation. Medications taken includes Tramadol and Relafen/Nabumetone. Utilization review dated 07/30/2014 denied the request for MRI because there was no evidence that the patient had not responded to conservative treatment prior to the request for imaging studies, to include physical therapy or an exercise program. In addition, the patient was only noted to have moderate tenderness to the paralumbar spine. There were no objective findings that would warrant imaging for the patient.

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 Page(s): 303-305.

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- Lumbar & Thoracic, MRIs (magnetic resonance imaging)

Decision rationale: As stated on pages 303-304 of the ACOEM Practice Guidelines referenced by CA MTUS, imaging of the lumbar spine is recommended in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise, failure to respond to treatment, and consideration for surgery. In addition, ODG states that MRI's are test of choice for patients with prior back surgery, but for uncomplicated low back pain, with radiculopathy, not recommended until after at least one month conservative therapy, sooner if severe or progressive neurologic deficit. The new ACP/APS guideline as compared to the old AHCPR guideline is more forceful about the need to avoid specialized diagnostic imaging such as magnetic resonance imaging (MRI) without a clear rationale for doing so. In this case, the patient has been complaining of low-back pain since June 2014, increased with activities and relieved by taking pain medications. Physical examination shows tenderness on the paralumbars and pain upon ROM exercises. No significant findings and symptoms showing radiculopathy or nerve compromise were documented. No plain film radiograph was included in the submitted documents. Furthermore, other conservative treatment modalities were not stated in the review. The clinical indication for this imaging has not been established, therefore, the request for MRI of the Lumbar Spine is not medically necessary.