

Case Number:	CM14-0126815		
Date Assigned:	08/13/2014	Date of Injury:	08/22/2012
Decision Date:	10/16/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	08/11/2014

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, has a subspecialty in Pain Management 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 patient of the date of injury of August 22, 2012. A utilization review determination dated July 10, 2014 recommends non-certification for an MRI of the lumbar spine. A progress report with an illegible date of service identifies subjective complaints of low back pain radiating into the left leg with numbness tingling and cramping. The note indicates that the patient is not in therapy at this time. Physical examination findings identify tenderness to palpation in the lumbar spine with 4/5 manual muscle testing and decreased sensation in both feet. Diagnoses include lumbar spine myospasm. The treatment plan recommends an MRI of the lumbar spine as well as x-rays of the lumbar spine and additional physical therapy. The note states that the patient has only completed 8-9 physical therapy visits so far.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Table 12-8.

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, MRIs (magnetic resonance imaging)

Decision rationale: Regarding the request for lumbar MRI, Occupational Medicine Practice Guidelines state that 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 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. ODG states that MRIs are recommended for uncomplicated low back pain with radiculopathy after at least one month of conservative therapy. Within the documentation available for review, there is no statement indicating what medical decision-making will be based upon the outcome of the currently requested MRI. Furthermore, it appears the requesting physician feels that further conservative treatment may improve the patient's complaints, and appears to be requesting an x-ray. It seems reasonable to exhaust conservative treatment and evaluate preliminary studies such as an x-ray prior to ordering an MRI. As such, the currently requested lumbar MRI is not medically necessary.