

Case Number:	CM14-0127108		
Date Assigned:	08/13/2014	Date of Injury:	04/09/2011
Decision Date:	10/08/2014	UR Denial Date:	07/24/2014
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 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 60-year-old male patient who reported an industrial injury to his back on 4/9/2011, 3 years ago, attributed to the performance of his usual a customary job tasks reported as a MVA. The patient complained of neck pain that radiated to the left shoulder; right numbness in the upper extremity with left weakness, numbness and pain; low back pain that radiated to the bilateral thighs. The objective findings on examination included cervical spine with diminished range of motion due to pain; left shoulder was difficult to examine due to prior surgery; pain to palpation of the bilateral paraspinal's and medial scapular borders; pain the bilateral paraspinal muscles of the cervical spine; left knee was status post arthroplasty; tenderness to palpation to the lumbar spine with diminished range of motion. The diagnoses were cervical spondylosis without myelopathy; displaced cervical intervertebral disc; degeneration of cervical intervertebral disc; sprain and strain of the neck; lumbosacral spondylosis; degenerative lumbar and lumbosacral intervertebral disc; sprain and strain of the neck; lumbosacral spondylosis; degenerative lumbar and lumbosacral intervertebral disc; sciatica; sprain strain lumbar region. The treatment plan included MRI of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back MRIs

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 and reported lumbar disc displacement 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 HNP 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 DOI. There was no documented completion of the ongoing conservative treatment to the lower back and there is no specifically documented HEP 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 months of symptoms with demonstrated failure of conservative care. The request for a MRI of the lumbar spine for subacute pain is not demonstrated to be medically necessary.