

Case Number:	CM14-0128318		
Date Assigned:	08/15/2014	Date of Injury:	09/15/2012
Decision Date:	10/10/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	08/12/2014

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 Internal Medicine and Pulmonary Diseases 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:

The injured worker is a 35-year-old female with a reported date of injury on 09/15/2012. The mechanism of injury was repetitive activities. The injured worker's diagnoses included chronic pain syndrome, cervical and lumbosacral musculoligamentous sprain/strain, and contraction headaches. The injured worker's past treatments included medications, a home exercise program, and physical therapy. Section 4: The injured worker's diagnostic testing included AP and lateral radiographs of the cervical spine, lumbar spine, and bilateral feet on 02/04/2014. The lumbar spine radiographs revealed grade 1 anterolisthesis at L5 on S1 and straightening of the lumbar lordosis with accentuation of the sacral lordosis and moderate facet degenerative joint disease at the L5-S1 level was also noted. No pertinent surgical history was provided. On 02/04/2014, a lumbar spine focused exam revealed normal symmetry and contour, no pelvic unleveling or antalgic tilt, and tenderness to palpation with muscle guarding over the paraspinal musculature - right greater than left. No tenderness to palpation was noted over the bilateral sacroiliac joints. Seated and supine straight leg raise testing was bilaterally negative. Gaenslen's and Femoral Nerve Stretch tests were negative. Active range of motion was measured at 28 degrees of flexion, 12 degrees of extension, right side bending at 13 degrees, and left side bending at 14 degrees. Antalgic shift to the left was noted with lumbar flexion. The injured worker was evaluated for low back pain rated moderate to severe on 07/01/2014. The clinician's focused assessment of the lumbar spine was not legible in the provided documents. The treatment plan was to complete physical therapy, continue home exercise, change Ultram to Norco 2.5/325 mg, and an MRI of the lumbar spine was requested. The injured worker's medications included Ultram and Norco 2.5/325 mg every six hours as needed pain. The request was for MRI of the lumbar spine without dye. No rationale was provided. The request for authorization form was submitted on 07/01/2014.

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 Without Dye: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The request for MRI of the Lumbar Spine Without Dye is not medically necessary. The injured worker complained of low back pain. The California MTUS/ACOEM guidelines state, if physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause. The guidelines state using imaging tests before 1 month in the absence of red flags is not recommended. There is a lack of documentation demonstrating the injured worker had significant findings of neurologic deficit upon physical examination. The requesting physician's rationale for the request is not indicated within the provided documentation. Therefore, the request for MRI of The Lumbar Spine without Dye is not medically necessary.