MAXIMUS Federal Services

Case Number:	CM14-0141286		
Date Assigned:	09/10/2014	Date of Injury:	09/27/2010
Decision Date:	10/14/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	09/02/2014

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, has a subspecialty in 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 42-year-old male who reported an injury on 09/27/2010 while unloading a truck, the load fell on him resulting in his injury. Diagnoses were discogenic low back pain L4-5 and L5-S1 with discogenic scoliosis. Surgical history was status post hardware removal, left ankle 11/22/2011. Physical examination on 08/04/2014 revealed tenderness to palpation to the lower lumbar paraspinals. No increased pain with percussion of the spine. Range of motion for the lumbar spine was 50% abnormal with flexion and extension. Lower extremity range of motion was normal. Straight leg raise was negative. Motor function testing revealed 5 point scale with 5 representing full function. Reflex testing was 4 point scale with 2 representing normal. There was no sensory hypesthesia. Medications were Elavil and Norco. Treatment plan was for an MRI of the lumbar spine to rule out disc disease. The rationale and Request for Authorization were not submitted.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Worker's Compensation, 8th Edition, 2013 on lumbar MRI

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

Decision rationale: The decision for an MRI of the lumbar spine is not medically necessary. The California ACOEM states equivocal 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 who would consider surgery an option. When a neurologic examination is less clear; however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminate imaging will result in false positive findings, such as disc bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with the consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging) MRI for neural or soft tissue, (computed tomography) CT for boney structures. Imaging studies should be reserved for cases in which surgery is considered where red flag diagnoses are being evaluated. Because the overall false positive rate is 30% for imaging studies in patients over 30 who do not have symptoms, the risk of diagnostic confusion is great. The injured worker did not display any red flag symptoms upon examination of the lumbar spine. There were no focal neurologic dysfunctions reported upon the examination. Therefore, this request is not medically necessary.