

Case Number:	CM14-0099511		
Date Assigned:	09/23/2014	Date of Injury:	12/05/2013
Decision Date:	10/22/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/27/2014

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 34-year-old male patient who reported an industrial injury on 12/5/2013, 10 months ago, to the back, attributed to the performance of his usual and customary job tasks. The patient complains of persistent low back pain radiating to the right lower extremity. The patient reports intermittent numbness and tingling radiating to the right foot especially the fourth and fifth toes. The patient was noted to of had a prior MRI of the lumbar spine with no documented pathology. The objective findings on examination documented limited lumbar spine range of motion; guarding; slight weakness of towing ankle dorsiflexion; tenderness to the right lumbar paraspinal muscles; some shaking of the right foot and ankle with motor testing; positive SLR (straight leg raise) on the right; mild decreased sensation to light touch lateral calf and foot on the right. The patient was diagnosed with lumbar sprain/strain and lumbar radiculopathy. The treatment plan included an MRI of the lumbar spine without contrast. The patient was prescribed ibuprofen and Norco. The treatment plan also included Electrodiagnostic studies.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (OGD) MRI's

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 303-304.

Decision rationale: The request for the authorization of a repeated MRI of the lumbar spine for the diagnosis of lumbar spine pain 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 radiating to the right lower extremity. The patient was ordered a MRI of the lumbar spine as a screening study. There was no evidence of changes in clinical status to warrant imaging studies of the lumbar spine. There was no demonstrated progressing neurological deficit. The request was not made with the contemplation of surgical intervention but as a screening study. The prior MRI of the lumbar spine performed demonstrated no pathology. There was no evidence of having prior Electrodiagnostic studies. 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 repeated MRI of the lumbar spine. The patient was documented to have subjective complaints of pain to the lower back with subjective numbness and tingling to the right lower extremity. 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 objective findings documented on examination. There are no documented progressive neurological changes as objective findings documented consistent with a lumbar radiculopathy as effects of the DOI (date of injury). There was no documented completion of the ongoing conservative treatment to the lower back and there is no specifically documented HEP (home exercise program) 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 repeated MRI of the lumbar spine without contrast is not demonstrated to be medically necessary.