

Case Number:	CM14-0213326		
Date Assigned:	01/02/2015	Date of Injury:	06/28/2011
Decision Date:	02/24/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabn

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 50-year-old male who reported injury on 06/28/2011. The mechanism of injury was not submitted for review. The injured worker has a diagnosis of chronic low back pain. Past medical treatment consists of epidural steroid injections, physical therapy, and medication therapy. Medications include Norco and Flexeril. On 03/24/2014, the injured worker underwent nerve conduction study. Progress note dated 04/2014, the injured worker complained of low back pain. He rated the pain at 10/10. Physical examination noted tenderness across the low back. Tender over the L4-5 and L5-S1 segments. There was a positive straight leg raise causing buttocks pain. Medical treatment plan is for the injured worker to proceed with MRI of the lumbar spine, epidural injection, and continue with Norco and Flexeril. Rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI lumbar spine w/o dye: 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)-TWC; Treatment Index, Low Back

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

Decision rationale: The request for an MRI lumbar spine w/o dye is not medically necessary. The California MTUS/ACOEM Guidelines recommend the use of MRI when there is an unequivocal objective finding that identify specific nerve compromise on the neurologic examination with sufficient evidence to warrant imaging in patients who do not respond to treatment and who 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. Indiscriminate imaging will result in a false by positive finding, such as disc bulges, that are not the source of painful symptoms and do not warrant surgery. The injured worker had no evidence of any soft tissue deficits upon physical examination or any nerve dysfunctions. The findings dated 11/04/2014 indicated tenderness over the L4-5 and L5-S1. However, there were no other physical examination findings. The reports lack medical evidence of deep tendon reflex loss, other motor loss, or sensory loss to support the need for an MRI. Given the above, the injured worker is not within recommended guideline criteria. As such, the request is not medically necessary.