

Case Number:	CM14-0219326		
Date Assigned:	01/09/2015	Date of Injury:	11/10/2014
Decision Date:	03/05/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/31/2014

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

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 43 year old male, who sustained an industrial injury on 11/10/2014. The injuries were noted to be cumulative during the period from 1/1/1996 to 11/13/2014. The diagnoses have included lumbago, lumbar spine sprain/strain rule out disc displacement, rule out lumbar radiculopathy, bilateral knee sprain/strain rule out derangement, stress, anxiety disorder, mood disorder and sleep disorder. Treatment to date has included pain medications, injections for pain relief and physical therapy (6 visits from 11/13/2014 to 11/24/2014). Per the initial comprehensive primary treating physician report/request for authorization from 12/3/2014, the injured worker complained of burning, radicular low back pain and muscle spasms. Pain was rated 8/10. The pain was described as constant, moderate to severe and was associated with numbness and tingling of the bilateral lower extremities. The pain was aggravated by prolonged positioning including sitting, standing, walking, bending, arising from a sitting position, ascending or descending stairs and stooping. The injured worker also complained of bilateral knee pain rated 8/10. The injured worker stated that his pain was alleviated by rest and activity restriction. Physical exam from 12/3/2014 revealed palpable tenderness at the lumbar paraspinal and quadratus lumborum muscles as well as over the lumbosacral junction. Range of motion was decreased. Knee examination noted effusion bilaterally and tenderness to palpation over the medial joint line bilaterally. Neurological exam of the bilateral lower extremities noted slightly decreased sensation to pin-prick and light touch at the L4, L5 and S1 dermatomes bilaterally. Work status was temporarily totally disabled. The treating provider is requesting magnetic

resonance imaging (MRI) of the lumbar spine. On 12/8/2014 Utilization Review non-certified a request for magnetic resonance imaging (MRI) of the lumbar spine, noting that for uncomplicated low back pain with radiculopathy MRI is not recommended until after at least one month of conservative therapy. The MTUS, ACOEM Guidelines, and ODG were cited.

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: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 289-290. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315, Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Low Back - Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging)

Decision rationale: MTUS and ACOEM recommend MRI, in general, for low back pain when cauda equine, tumor, infection, or fracture are strongly suspected and plain film radiographs are negative, MRI test of choice for patients with prior back surgery. ACOEM additionally recommends against MRI for low back pain before 1 month in absence of red flags. ODG states, "Imaging is indicated only if they have severe progressive neurologic impairments or signs or symptoms indicating a serious or specific underlying condition, or if they are candidates for invasive interventions. Immediate imaging is recommended for patients with major risk factors for cancer, spinal infection, cauda equina syndrome, or severe or progressive neurologic deficits. Imaging after a trial of treatment is recommended for patients who have minor risk factors for cancer, inflammatory back disease, vertebral compression fracture, radiculopathy, or symptomatic spinal stenosis. Subsequent imaging should be based on new symptoms or changes in current symptoms." The medical notes provided did not document (physical exam, objective testing, or subjective complaints) any red flags, significant worsening in symptoms or other findings suggestive of the pathologies outlined in the above guidelines. As such, the request for MRI lumbar spine is not medically necessary.