

Case Number:	CM15-0016435		
Date Assigned:	02/04/2015	Date of Injury:	01/15/2014
Decision Date:	03/27/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	01/28/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 32 year old man sustained an industrial injury on 1/15/2014 to his low back while removing a fitting of a water heater. Current diagnoses include lumbar myalgia, lumbar myospasm, left sided lumbar neuritis/radiculitis, and lumbar sprain/strain. Treatment included oral medications and physical therapy. Physician notes dated 12/16/2014 show complaints of constant low back pain rated 7/10. Recommendations include refilling medications and the services in dispute. On 1/9/2015, Utilization Review evaluated prescriptions for MRI (3.0 Tesla), and lumbar spine brace, that were submitted on 1/28/2015. The UR physician noted the following: regarding the MRI, details of severe and/or progressive neurological abnormalities have not been documented. Comprehensive conservative treatment and failure has not been documented. Regarding the lumbar brace, they have not been found to provide any lasting benefit beyond the acute phase of symptom relief. The MTUS, ACOEM Guidelines, (or ODG) was cited. The requests were denied and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI tesla 3.0: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 297, 303, 304, 309. Decision based on Non-MTUS Citation ODG, Low Back Chapter, Magnetic Resonance Imaging (MRI) Section

Decision rationale: The MTUS Guidelines do not recommend the routine use of MRI with low back complaints. MRI should be reserved for cases where there is physiologic evidence that tissue insult or nerve impairment exists, and the MRI is used to determine the specific cause. MRI is recommended if there is concern for spinal stenosis, cauda equine, tumor, infection or fracture is strongly suspected, and x-rays are negative. The ODG recommends repeat MRI when there is significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). The injured worker has been injured for over a year and has undergone conservative treatments as well as epidural steroid injections. He is reported to have a 5 mm disc herniation and facet arthropathy mainly on the left side, however details of previous imaging studies are not reported. The requesting physician explains that this is a repeat MRI, and is also requesting x-rays of the lumbar spine. The medical records do not indicate that there is a significant change that would necessitate a repeat MRI. The request for MRI tesla 3.0 is determined to not be medically necessary.

Lumbar spine brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: Per the MTUS Guidelines, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The clinical documents do not report an acute injury that may benefit from short term use of a lumbar support for symptom relief. The lumbar spine brace is being prescribed to improve support and keep the injured worker at work with the same restrictions. The MTUS Guidelines do not indicate that the use of a lumbar spine brace would improve function. The request for lumbar spine brace is determined to not be medically necessary.