

Case Number:	CM15-0118197		
Date Assigned:	06/26/2015	Date of Injury:	05/08/2015
Decision Date:	07/27/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	06/18/2015

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: Emergency 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:

The injured worker is a 32 year old male who sustained an industrial injury on 05/08/2015 after climbing a ladder to the roof carrying a heavy backpack he lost his balance and felt pain in his lower back. The injured worker was diagnosed with lumbar sprain/strain, displacement of lumbar intervertebral disc without myelopathy and thoracic sprain/strain. Treatment to date has included X-rays, conservative measures, orthotics, orthopedic consultation and medications. According to the treating physician's progress report on June 1, 2015, the injured worker continues to experience lower thoracic to lumbar spine pain. The injured worker rates his pain level at 7/10. The injured worker denied radiation of pain, weakness of the lower extremities or paresthesia. Examination demonstrated normal gait. There was tenderness of the thoracolumbar and paravertebral muscles from T10 to L5 with spasm over the paravertebral muscles. Extensor hallucis longus test was negative. Range of motion was restricted with fingertips to mid tibia area on flexion, extension 25 degrees, right lateral rotation at 15 degrees, left lateral rotation at 20 degrees, right lateral bending at 20 degrees and left lateral bending at 30 degrees. Motor strength, reflexes, pulses and sensation were intact. Straight leg raise was limited to 80 degrees bilaterally. Current medications are listed as Nabumetone, Orphenadrine and Tylenol. Treatment plan consists of magnetic resonance imaging (MRI) of the thoracic spine; refer for chiropractic therapy, start physical therapy, medications and the current request for a lumbar spine magnetic resonance imaging (MRI).

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

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

Decision rationale: The requested MRI Lumbar Spine, is not medically necessary. CA MTUS, ACOEM 2nd Edition, 2004, Chapter 12, Lower Back Complaints, Special Studies and Diagnostic and Therapeutic Considerations, Pages 303-305, recommend imaging studies of the lumbar spine with "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." The injured worker has lower thoracic to lumbar spine pain. The injured worker rates his pain level at 7/10. The injured worker denied radiation of pain, weakness of the lower extremities or paresthesia. Examination demonstrated normal gait. There was tenderness of the thoracolumbar and paravertebral muscles from T10 to L5 with spasm over the paravertebral muscles. Extensor hallucis longus test was negative. Range of motion was restricted with fingertips to mid tibia area on flexion, extension 25 degrees, right lateral rotation at 15 degrees, left lateral rotation at 20 degrees, right lateral bending at 20 degrees and left lateral bending at 30 degrees. Motor strength, reflexes, pulses and sensation were intact. Straight leg raise was limited to 80 degrees bilaterally. The treating physician has not documented radicular pain, nor deficits in dermatomal sensation, reflexes or muscle strength. The criteria noted above not having been met, MRI Lumbar Spine is not medically necessary.