

Case Number:	CM15-0127715		
Date Assigned:	07/14/2015	Date of Injury:	05/14/2015
Decision Date:	09/04/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	07/01/2015

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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 35 year old male sustained an industrial injury to the neck and back on 5-14-15. In a Doctor's First Report of Occupational Injury dated 5-15-15, the injured worker complained of upper and lower back pain. The physician noted that the injured worker's body was tilted. The injured worker was unable to straighten it. Physical exam was remarkable for pain upon range of motion of the cervical spine, tenderness to palpation to the left side of the cervical spine extending to the left upper trapezius and rhomboids, tenderness to palpation to the thoracic paraspinal musculature and tenderness to palpation to the midline lumbar spine and paraspinal musculature with palpable spasms, positive straight leg raise and intact heel-toe walk. The injured worker was diagnosed with sprain and strain of the neck, thoracic spine and lumbar spine with muscle spasm. The treatment plan consisted of ice and moist heat applications, range of motion exercise and medications (Ibuprofen and Flexeril). In the only other documentation submitted for review, a PR-2 date 5-18-15, the injured worker complained increased low back pain. Physical exam was remarkable for neck with full range of motion and no tenderness to palpation, upper back without tenderness to palpation and low back with midline and paraspinal musculature tenderness to palpation. The physician's impression was resolving neck and back contusion. The treatment plan included continuing medications as directed.

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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back Chapter, MRIs (magnetic resonance imaging).

Decision rationale: The attending physician report indicates the patient continues to suffer from low back pain which is not getting better. The current request is for an MRI of the Lumbar Spine. According to the medical records, the attending physician is requesting an MRI because of the mechanism of injury. According to the ODG, MRI is recommended for indications below. MRI's are test of choice for patients with prior back surgery, but for uncomplicated low back pain, with radiculopathy, not recommended until after at least one month conservative therapy, sooner if severe or progressive neurologic deficit. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). In this case, the attending physician report indicates ongoing low back pain, with decreased range of motion and muscle spasm. There were no focal neurological deficits noted, including decreased sensation or muscle weakness in a dermatomal distribution. There is no evidence of decreased reflexes. There are no complaints noted of extremity symptoms. The patient is able to heel and toe walk. There is no indication that prior x-ray studies were inconclusive and may have missed a spine fracture. Furthermore, there is no suspicion of cancer, infection or other "red flags." As such, the medical records do not establish medical necessity for the request of an MRI of the lumbar spine at this time. The request is not medically necessary.