Case Number:	CM15-0149111		
Date Assigned:	09/22/2015	Date of Injury:	06/04/2015
Decision Date:	10/27/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	07/31/2015

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: Washington, 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:

The injured worker is a 43 year old male who sustained an industrial injury on June 4, 2015. The injured worker was diagnosed as having cervical sprain-strain, left-sided lumbar neuritis - radiculitis and lumbar sprain-strain. Comorbid conditions include obesity (BMI 34.0). In the provider's notes on June 30, 2015, the injured worker reported intermittent neck and low back pain. He rated his back pain an 8 on a 10-point scale while resting and a 9 on a 10-point scale with activities. He reported that low back pain was associated with weakness and numbness and the pain radiated to the left hip, leg and foot. On physical examination of the back and lower extremities, the injured worker had mild tenderness to palpation over the paralumbar area and the left sciatic notch. He had no pain on extreme range of motion. He had a normal gait and was able to heel-toe walk as well as squat bilaterally. Manual testing revealed 5/5 strength. Sensory examination revealed decreased sensation at L4, L5 and S1 dermatomes on the left. Straight leg raise test was negative. A request for authorization for MRI of the lumbar spine without dye was received on July 13, 2015. On July 21, 2015, the Utilization Review physician determined MRI of the lumbar spine without dye was not medically necessary.

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 Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies, Summary. Decision based on Non-MTUS Citation American College of Radiology, Appropriateness Criteria for the Imaging of Lower Back Pain, Revised 2011.

Decision rationale: Magnetic Resonance Imaging (MRI) scans are medical imaging studies used in radiology to investigate the anatomy and physiology of the body in both healthy and diseased tissues. MRIs of the lower back are indicated in acute injuries with associated "red flags", that is, signs and symptoms suggesting acutely compromised nerve tissue. In chronic situations, the indications rely more on a history of failure to improve with conservative therapies, the need for clarification of anatomy before surgery, or to identify potentially serious problems such as tumors or nerve root compromise. According to the American College of Radiology (ACR) guidelines for imaging patients with low back pain a MRI is the study of choice for low back pain associated with low-velocity trauma, osteoporosis, focal and/or progressive deficit, prolonged symptom duration or age >70 years. When the history is non-specific for nerve compromise but conservative treatment has not been effective in improving the patient's symptoms, electromyography (EMG) and nerve conduction velocity (NCV) studies are recommended before having a MRI done. This patient does meet the criteria of prolonged (over 4 weeks) or persistent symptoms. However, the patient has not been given an adequate trial of conservative care. The symptoms are non-specific and there are no "red flags" or examination findings suggestive of nerve impingement. An EMG/NCV study has not been done. Considering all the above information, this test is not medically necessary.