

Case Number:	CM15-0063691		
Date Assigned:	04/09/2015	Date of Injury:	02/13/2015
Decision Date:	05/14/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	04/03/2015

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: 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:

The injured worker is a 36 year old male, who sustained an industrial injury on 02/13/2015. The initial complaints or symptoms included low back pain/injury with radiating pain into the right lower extremity. The injured worker was diagnosed as having lumbar strain. Treatment to date has included conservative care, medications, and physical therapy. Currently, the injured worker complains of achiness in the low back with radiation into the right lower extremity. The diagnoses include lumbar strain and lumbar radiculopathy. The treatment plan consisted of MRI of the lumbar spine without contrast, and follow-up.

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 without contrast: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official disability guidelines low back chapter, MRI.

Decision rationale: The patient presents on 02/27/15 with right sided lower back pain rated 5/10 which radiates into the right lower extremity and associated numbness and tingling to the right lower extremity. The patient's date of injury is 02/13/15. Patient has no documented surgical history directed at this complaint. The request is for MRI OF THE LUMBAR SPINE WITHOUT CONTRAST. The RFA is dated 02/27/15. Physical examination dated 02/27/15 reveals tenderness to palpation and guarding of the lumbar paraspinal muscles (worse on the right), positive straight leg raise test on the right side, and decreased lumbar range of motion on extension and flexion. The patient's current medication regimen is not provided. Diagnostic imaging was not included. Patient's current work status is not provided. For special diagnostics, ACOEM Guidelines page 303 states, Unequivocal and equivocal objective findings that identify specific nerve compromise on neurological examination are sufficient evidence to warrant imaging in patients who do not respond well to treatment and who could consider surgery an option. Neurological examination is less clear; however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. ODG Guidelines on low back chapter MRI topic states that MRIs are test of choice for patients with prior back surgery, but for uncomplicated low back pain with radiculopathy, not recommended until at least 1 month of 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 such as a tumor, infection, fracture, nerve compromise, recurrent disk herniation. In regard to the initial lumbar MRI directed at this patient's lower back pain, the request is reasonable. The progress report dated 02/27/15 indicates that this patient has been experiencing lumbar spine symptoms with radiating pain for 6-7 years and that the reason for the visit is a recent exacerbation of symptoms. Progress note dated 02/27/15 documents unequivocal objective findings of specific nerve compromise; positive straight leg raise test on the right side. There is no evidence that this patient has had any MRI imaging of the lumbar spine performed to date. Such imaging could provide valuable insight into this patient's condition and improve the course of care. Therefore, the request IS medically necessary.