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| Case Number: | CM15-0094004 | | |
| Date Assigned: | 05/20/2015 | Date of Injury: | 03/18/2015 |
| Decision Date: | 06/22/2015 | UR Denial Date: | 04/21/2015 |
| Priority: | Standard | Application Received: | 05/15/2015 |

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 56 year old male who sustained an industrial injury on 03/18/2015 resulting in injury/pain to the low back, left groin and right hand. The Injured worker was diagnosed with strain/sprain of the back (unspecified), lumbago, sciatica, and spasm of muscles. Treatment provided to date has included: conservative care; and medications consisting of Ultram, Cyclobenzaprine, and naproxen. Diagnostic tests performed include: x-rays of the right hand which were negative for fractures. Comorbid diagnoses included history of hypertension. There were no noted previous injuries or dates of injury. On 04/01/2015, physician progress report noted back pain. Pain is rated as 7 (1-10) and described as intermittent (comes and goes), and is aggravated by walking and driving. The physical exam revealed: painful and restricted range of motion of the cervical spine; muscle spasms, swelling and tenderness to palpation of the posterior mid-line, paracervical, distal, and proximal areas of the cervical spine; tenderness and spasm to the C1-C7; tenderness and swelling to the thoracic, lumbar, and sacral spines; muscle spasms, decreased range of motion and sensation in the back; and tenderness and swelling of the left posterior hip and groin areas. The provider noted diagnoses of neck strain/sprain, lumbosacral strain/sprain, thoracic strain/sprain, and unspecified acute strain/sprain of the right hip and thigh. Plan of care includes a MRI of the lumbar spine and physical therapy for the lumbar spine. Requested treatments include: MRI of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar spine, MRI (magnetic resonance imaging): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-328.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, MRI.

Decision rationale: The patient was injured on 03/18/15 and presents with back pain and right hand pain. The request is for a lumbar spine MRI. There is no RFA provided and the patient is on modified work duty with lifting limiting to 25 lbs, occasional bending/stooping, and occasional pushing/pulling. Review of the reports provided does not indicate if the patient had a prior MRI of the lumbar spine. The report with the request is not provided. For special diagnostics, ACOEM Guidelines page 303 states, "Unequivocal and equivocal objective findings that identified specific nerve compromise on neurological examination or sufficient evidence to warrant imaging in patient who did not respond well to retreatment 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 topics states that "MRIs are tests of choice for patients with prior back surgery, but for uncomplicated low back with radiculopathy, not recommended until at least 1 month of conservative care, sooner if severe or progressive neurologic deficit." The reason for the request is not provided. There is tenderness/swelling to the lumbar spine and a decreased range of motion and sensation in the back. The patient is diagnosed with strain/sprain of the back (unspecified), lumbago, sciatica, and spasm of muscles. Treatment to date includes conservative care, and medications. Review of the reports provided does not mention if the patient had a recent surgery or any recent therapy. The patient presents with pain that is localized to low back WITHOUT any radicular symptoms. The patient has not had any MRI's in the past but without any neurologic symptoms suggesting possible radiculopathy, no red flags, no prior X-rays raising any suspicions, an MRI would not be indicated. The request IS NOT medically necessary.