

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM13-0040250 | | |
| Date Assigned: | 01/15/2014 | Date of Injury: | 09/03/2013 |
| Decision Date: | 01/27/2015 | UR Denial Date: | 09/13/2013 |
| Priority: | Standard | Application Received: | 10/09/2013 |

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 29 year old male who sustained a work related injury on August 8, 2013 to his lower back. No Mechanism of injury was documented. The diagnosis includes lumbar strain/sprain, muscle spasm back, and sciatica. No surgical intervention was documented. There was no discussion within this review of other conservative therapy applied and the injured worker's response to treatment. There was no clarification of injured worker's physical examination in regard to motor, sensory, and abnormal reflexes. The treating physician's objective findings did not document radicular symptoms. Current treatment consists of Norco. The injured worker is on modified work restrictions. The treating physician requested authorization for 1 magnetic resonance imaging (MRI) of the lumbar spine without contrast. On September 13, 2013 the Utilization Review denied certification of the request for 1 magnetic resonance imaging (MRI) of the lumbar spine without contrast due to insufficient evidence for medical necessity. Citations used in the decision process were the ACOEM, Low Back Disorders.

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: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, Low Back Disorders Table 2

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 303-304.

Decision rationale: MTUS reference to ACOEM guidelines identifies documentation of red flag diagnoses where plain film radiographs are negative; objective findings that identify specific nerve compromise on the neurologic examination, failure of conservative treatment, and who are considered for surgery, as criteria necessary to support the medical necessity of MRI. Within the medical information available for review, there is documentation of diagnoses of lumbar strain/sprain, muscle spasm back, and sciatica. In addition, there is documentation of failure of conservative treatment (medications). However, there is no documentation of flag diagnoses where plain film radiographs are negative. In addition, given documentation of normal objective findings (heel/toe ambulation performed without difficulties, normal strength, and intact sensation and reflexes), there is no documentation of objective findings that identify specific nerve compromise on the neurologic examination. Furthermore, there is no documentation of failure of additional conservative treatments (activity modifications and physical modalities) and that the patient is being considered for surgery. Therefore, based on guidelines and a review of the evidence, the request for MRI of the lumbar spine without contrast is not medically necessary.