

Case Number:	CM17-0012614		
Date Assigned:	01/24/2017	Date of Injury:	11/08/2016
Decision Date:	02/22/2017	UR Denial Date:	12/31/2016
Priority:	Standard	Application Received:	01/18/2017

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 38 year old male injured worker suffered an industrial injury on 11-8-2016. The diagnoses included low back pain post MVA. On 12-22-2016 the therapist reported due to minimal to no improvement of symptoms and objective findings consistent with the buttock symptoms, suspect possible internal derangement and advance diagnostics may be warranted. On 12-22-2016 the provider noted 8 out of 10 radicular pain in the right buttock and down the leg and will order and MRI. On exam there was tenderness in the right paraspinal muscle and tenderness in the right sciatic notch with bilateral muscle spasms. There were no positive neurological findings. Prior treatment included 5 sessions of physical therapy and medications. The Utilization Review on 12-31-2016 determined non-certification for MRI of the lumbar spine without contrast.

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: Decision based on MTUS Low Back Complaints 2004, Section(s): Diagnostic Criteria, Special Studies.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Diagnostic Criteria, Special Studies, Summary.

Decision rationale: The ACOEM Guidelines recommend reserving advanced imaging of the lumbar spine with MRI for those with clear objective examination findings identifying specific nerve compromise when the symptoms and findings do not respond to treatment with conservative management for at least a month and when surgery remains a treatment option. These Guidelines also encourage that repeat advanced imaging should be limited to those with newly worsened or changed signs and symptoms. Gadolinium, a type of contrast or dye, is often used in cases such as a concern that a cancer may involve the wrappings around the spinal cord or after the worker has had certain types of surgery to this area of the spine in the past. The submitted and reviewed documentation indicated the worker was experiencing lower back pain that went into the legs with tingling. These records did not suggest any "red flag" findings, and the physical examination documented most recent to the request did not demonstrate findings consistent with an issue involving a specific spinal nerve in the region of concern. There was no discussion describing the worker as a candidate for surgery or detailing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for a MRI of the lumbar spine region done without contrast is not medically necessary.