Case Number:	CM17-0003917		
Date Assigned:	01/18/2017	**Date of Injury:**	11/30/2016
Decision Date:	02/09/2017	**UR Denial Date:**	12/21/2016
Priority:	Standard	**Application Received:**	01/06/2017

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: Family Practice

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 66 year old male, who sustained an industrial injury on 11-30-2016. The injured worker reported feeling back-right buttock muscle strain when bending over. The injured worker was being treated for lumbar muscle strain and radicular pain. Treatment to date has included medications. On 12-09-2016 (Doctor's First Report of Occupational Injury or Illness), the injured worker complains of right low back pain with radiation down the right lateral leg just past the knee. The injured worker reported seeing his personal physician on 12-05-2016 and being prescribed Ibuprofen and a muscle relaxant. Physical exam noted pain with back flexion and extension, 2+ patellar deep tendon reflexes, left ankle deep tendon reflex 2+, right ankle deep tendon reflex 1+, negative seated straight leg raise, intact sensation, and a slow and hunched gait. X-rays or labs were not described as performed. The provider recommended magnetic resonance imaging of the lumbar spine, due to worsening symptoms over the past week and decreased right ankle reflex. The provider also recommended physical therapy and Prednisone with taper. The injured worker was placed off work through 12-12-2016. A Request for Authorization dated 12-12-2016 was noted for magnetic resonance imaging of the lumbar spine and 6 physical therapy visits. On 12-21-2016 Utilization Review non-certified a request for MRI without contrast for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI without contrast for 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.

Decision rationale: According to the 12/9/16 Doctor's First Report of Occupational Injury or Illness, this worker had acute onset of right low back pain while bending and felt a tearing to the right low back. The date of injury was 12/1/16. According to the report his pain has been worsening. He noted pain radiating down the lateral leg. He denied numbness or incontinence. No motor or sensory defecits were reported. Straight leg testing was negative. Left ankle DTR was +2 on the right and +1 on the left. Patellar DTR's were +2 and symetric. Due to his radiating pain and diminished ankle DTR, MRI was requested. The MTUS states, "Relying solely on imaging studies to evaluate the source of low back and related symptoms carries a significant risk of diagnostic confusion (falsepositive test results) because of the possibility of identifying a finding that was present before symptoms began and therefore has no temporal association with the symptoms. Techniques vary in their abilities to define abnormalities (Table 12-7). Imaging studies should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. Because the overall false-positive rate is 30% for imaging studies in patients over age 30 who do not have symptoms, the risk of diagnostic confusion is great." MRI is being requested only 1 week since injury and onset of symptoms. No red flag signs were identified. There is no indication that surgery is being considered at this point. An MRI is not medically necessary or appropriate.