

Case Number:	CM15-0005634		
Date Assigned:	01/26/2015	Date of Injury:	07/05/2012
Decision Date:	03/12/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/12/2015

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: Emergency 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 injured worker is a 48 year old male, who sustained an industrial injury on 7/5/12. He has reported headaches, pain in neck and low back. The diagnoses have included lumbo-sacral disc protrusion, degenerative disc disease, myalgia and myospasm. Treatment to date has included physical therapy, acupuncture and medications. X-rays have been performed and (MRI) magnetic resonance imaging of lumbar spine was performed 8/4/12. Currently, the IW complains of increased neck pain with movement, right greater than left arm radiculopathy and low back pain with radiation to toes. The PR2 of 12/23/14 stated the physical exam of lumbo-sacral spine is unchanged from previous exam which revealed lumbar spine tenderness, guarding and spasm in the paravertebral region bilaterally. Decreased range of motion is also noted on exam. On 12/26/14 Utilization Review non-certified (MRI) magnetic resonance imaging of lumbar spine, noting there is no documentation of acute clinical symptoms and (MRI) magnetic resonance imaging of lumbar spine was performed 8/4/12. The MTUS, ACOEM Guidelines, (or ODG) was cited. On 1/9/15, the injured worker submitted an application for IMR for review of (MRI) magnetic resonance imaging of lumbar spine.

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: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Special Studies and Diagnostic and Therapeutic , Pages 303-305.

Decision rationale: The requested MRI of the lumbar spine, is not medically necessary. CA MTUS, ACOEM 2nd Edition, 2004, Chapter 12, Lower Back Complaints, Special Studies and Diagnostic and Therapeutic Considerations, Pages 303-305, recommend imaging studies of the lumbar spine with "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." The injured worker has increased neck pain with movement, right greater than left arm radiculopathy and low back pain with radiation to toes. The treating physician has documented that the physical exam of lumbosacral spine is unchanged from previous exam which revealed lumbar spine tenderness, guarding and spasm in the paravertebral region bilaterally. Decreased range of motion is also noted on exam. The treating physician has not documented a positive straight leg raising test, nor deficits in dermatomal sensation, reflexes or muscle strength nor acute clinical change since a 2012 lumbar MRI. The criteria noted above not having been met, MRI of the lumbar spine is not medically necessary.