

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0006659 | | |
| Date Assigned: | 01/21/2015 | Date of Injury: | 11/03/2014 |
| Decision Date: | 03/12/2015 | UR Denial Date: | 12/04/2014 |
| 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: Preventive Medicine, Occupational 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 57 year old female, who sustained an industrial injury on 11/03/2014. On provider visit dated 11/25/2014 the injured worker has reported low back pain. The diagnoses have included lumbar sprain. On examination she noted to have a normal gait, decreased range of motion to lower back to flexion, tenderness to palpation at the L1-4, no palpable muscle spasms, negative straight leg raise and no sensory or neurologic abnormalities. Treatment plan included a MRI of spinal canal and contents of lumbar spine. On 12/04/2014 Utilization Review non-certified MRI lumbar spine, noting not medical necessary. The CA MTUS Guidelines were cited.

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): table 12-8.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Chapter 12, page(s) 303-4, 309. Decision based on Non-MTUS Citation American

College of Radiology, Appropriateness Criteria for the Imaging of Lower Back Pain, Revised 2011

Decision rationale: MRI scans are medical imaging studies used in radiology to investigate the anatomy and physiology of the body in both healthy and diseased tissues. MRIs of the lower back are indicated in acute injuries with associated red flags, that is, signs and symptoms suggesting acutely compromised nerve tissue. In chronic situations the indications rely more on a history of failure to improve with conservative therapies, the need for clarification of anatomy before surgery, or to identify potentially serious problems such as tumors or nerve root compromise. When the history is non-specific for nerve compromise but conservative treatment has not been effective in improving the patient's symptoms, electromyography (EMG) and nerve conduction velocity (NCV) studies are recommended before having a MRI done. This patient does meet the criteria of prolonged or persistent symptoms as her injury occurred over 3 months ago. However, her symptoms are non-specific, there are no red flags and an EMG/NCV study has not been done. At this point in the care of this individual a MRI of the lower back is not indicated. Medical necessity for this procedure has not been established.