

Case Number:	CM15-0007810		
Date Assigned:	01/23/2015	Date of Injury:	05/12/2013
Decision Date:	03/19/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	01/14/2015

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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 26-year-old female who reported an injury on 05/12/2013 due to lifting a trash bag. On 12/02/2014, she presented for an evaluation regarding her work related injury. She reported unchanged symptoms of low back pain with radiation into the left leg and numbness and tingling, as well as weakness in the left leg. It was stated that at her most recent visit on 11/11/2014, her complaints continued. She reportedly had electrodiagnostic studies of the bilateral lower extremities which showed radicular lumbago with no electrophysiological evidence of radiculopathy. It was stated that an MRI was needed to rule out intraspinal pathology. The treatment plan was for a repeat MRI for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat MRI for the lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: According to the California ACOEM Guidelines, unequivocal objective findings that identify specific nerve compromise on the neurologic examination is sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. Based on the clinical documentation submitted for review, the injured worker was noted to be symptomatic regarding the lumbar spine. However, there is a lack of documentation showing that she has had a significant change in symptoms since her prior MRI to support the request for a repeat MRI. In addition, there is a lack of evidence showing that she has tried and failed all recommended conservative therapy to alleviate her pain. In the absence of this information, the request would not be supported by the evidence based guidelines. As such, the request is not medically necessary.