

Case Number:	CM15-0102233		
Date Assigned:	06/04/2015	Date of Injury:	05/20/2005
Decision Date:	07/13/2015	UR Denial Date:	05/16/2015
Priority:	Standard	Application Received:	05/27/2015

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 47-year-old male, who sustained an industrial injury on 5/20/05. He reported initial complaints of neck, bilateral shoulders, back, bilateral knees and hernias. The injured worker was diagnosed as having low back pain; lumbar spine radiculopathy; lumbar sprain strain; lumbar disc displacement HNP; bilateral knee meniscal tear. Treatment to date has included status post right knee arthroscopic surgery (2006); medications. Diagnostics included MRI lumbar spine (10/25/05). Currently, the PR-2 note submitted dated 4/10/15 is the "Doctor's First Report of Occupational Injury or Illness". This note indicated the injured worker complains of currently complains of neck pain on and off that radiates into the right shoulder. He also complains of lower back all of the time with pain rated at 5/10 and is associated with muscle spasms, tingling, numbness and radicular pain into both legs. He states the pain has increased with repetitive bending, stooping, as well as prolonged sitting, standing and walking. The bilateral shoulders cause pain as well on and off rating the pain level at 3/10 and associated with numbness and tingling into the arm and elbow. He states the pain has increased above the shoulder level lifting. The bilateral knees note pain all of the time rating this pain as 5/10 and associated with swelling, snapping, popping, locking and giving away weakness. Pain has increased with repetitive banging, kneeling, squatting and stair climbing. The complaints of a left groin hernia are noted with on and off pain rated at 3/10. The provider did submit PR-2 notes that took place after this 4/10/15 examination. However, these were not available for the Utilization Reviewer. The provider is requesting a MRI of the 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): 303-304, 289-290.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 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 neck pain on and off that radiates into the right shoulder. He also complains of lower back all of the time with pain rated at 5/10 and is associated with muscle spasms, tingling, numbness and radicular pain into both legs. He states the pain has increased with repetitive bending, stooping, as well as prolonged sitting, standing and walking. The treating physician has not documented a positive straight leg raising test, nor deficits in dermatomal sensation, reflexes or muscle strength. The criteria noted above not having been met, MRI of the lumbar spine is not medically necessary.