

Case Number:	CM15-0102347		
Date Assigned:	06/04/2015	Date of Injury:	12/21/2014
Decision Date:	07/08/2015	UR Denial Date:	05/08/2015
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: Texas, California
 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 44-year-old female, who sustained an industrial injury on 12/21/2014. She reported that while lifting a box of product she stood up and felt a sharp pain to the low back and left hip area. The injured worker was diagnosed as having left lumbar radiculopathy with rule out lumbar disc herniation and fibromyalgia aggravated by industrial exposure. Treatment and diagnostic studies to date has included physical therapy, medication regimen, and use of ice and heat. The medical records provided lacked documentation of any prior radiologic studies performed. In a progress note dated 02/19/2015 the treating physician reports complaints of moderate low back pain that radiates to the left lower extremity. Examination is revealing for tenderness to the lower lumbar spine, positive straight leg raises bilaterally, and restricted range of motion to the lumbar spine, tenderness on palpation and normal sensory and motor examination. Patient has received an unspecified number of PT visits for this injury. The treating physician requested a magnetic resonance imaging scan of the lumbar spine, but the documentation provided did not indicate the specific reason for the requested diagnostic study. The medication list include Omeprazole, Trazodone, Ibuprofen, Norco, Skelaxin, Cymbalta and Synthroid. Any diagnostic imaging report was not specified in the records provided. Any surgery or procedures related to this injury were not specified in the records provided.

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: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: MRI of The Lumbar Spine MRIs (magnetic resonance imaging). Per the ACOEM low back guidelines cited below; Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computed tomography [CT] for bony structures). She reported that while lifting a box of product she stood up and felt a sharp pain to the low back and left hip area. The injured worker was diagnosed as having left lumbar radiculopathy with rule out lumbar disc herniation and fibromyalgia aggravated by industrial exposure. In a progress note dated 02/19/2015 the treating physician reports complaints of moderate low back pain that radiates to the left lower extremity. Examination is revealing for tenderness to the lower lumbar spine, positive straight leg raises bilaterally, and restricted range of motion to the lumbar spine, tenderness on palpation. Patient has received an unspecified number of PT visits for this injury. The medication list include Omeprazole, Trazodone, Ibuprofen, Norco, Skelexin, Cymbalta and Synthroid. She has been treated already with medications and physical therapy. The MRI of The Lumbar Spine is deemed medically appropriate and necessary for this patient.