

Case Number:	CM15-0108123		
Date Assigned:	06/12/2015	Date of Injury:	04/01/2014
Decision Date:	07/14/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	06/04/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 38 year old male, who sustained an industrial injury on April 1, 2014. He reported being hit in the back by a forklift with sharp localized pain in the lower back. The injured worker was diagnosed as having lumbar spine myofascitis with radiculitis and rule out disc injury. Treatment to date has included physical therapy, MRI, electromyography (EMG), and medication. Currently, the injured worker complains of frequent moderate to severe low back pain with symptoms into the right lower extremity. The Treating Physician's report dated April 28, 2015, noted the injured worker with a slow guarded gait. Physical examination was noted to show myotomal weakness of the right lower extremity, with positive straight leg raise on the right at 10 degrees, and limited lumbar active range of motion (ROM) with pain. The treatment plan was noted to include a MRI of the lumbar spine, a home TENS unit, and a custom LSO brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI without contrast of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: This 38 year old male has complained of low back pain since date of injury 4/1/14. He has been treated with physical therapy and medications. The current request is for MRI of the lumbar spine without contrast. The available medical records show a request for MRI of the lumbar spine without any new patient symptomatology, physical exam findings or rationale for the above requested testing. Per the MTUS guidelines cited above, radiographic imaging in the absence of documented worsening of symptoms and/ or in the absence of red flag symptoms is not indicated. Imaging studies should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, MRI of the lumbar spine is not indicated as medically necessary.