

Case Number:	CM15-0108445		
Date Assigned:	11/12/2015	Date of Injury:	08/14/2012
Decision Date:	12/11/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/05/2015

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 63 year old female, who sustained an industrial injury on 8-14-2012. The injured worker is undergoing treatment for: neck and low back pain. On 4-13-15, she reported improvement with her left knee pain. She indicated having increased activities of daily living and decreased need for medications. On 5-11-15, she reported continued neck and low back pain and decreased activities of daily living. Physical examination revealed muscle spasms in the rhomboid muscles and low back, tenderness to palpation in the low back, positive sciatic pain, positive straight leg raise, positive tenderness to the left knee. The treatment and diagnostic testing to date has included: multiple physical therapy sessions, multiple acupuncture sessions. Current work status: modified. The request for authorization is for: magnetic resonance imaging of the lumbar spine, acupuncture 2 times weekly for 6 weeks for the cervical and lumbar spine, and chiropractic visits two times weekly for 6 weeks for the cervical and lumbar spine. The UR dated 5-26-2015: non-certified the request for magnetic resonance imaging of the lumbar spine. UR is noted to not have been conducted for the request for acupuncture 2 times weekly for 6 weeks for the cervical and lumbar spine, and chiropractic visits two times weekly for 6 weeks for the cervical and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation Low Back Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: The requested MRI 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 and low back pain and decreased activities of daily living. Physical examination revealed muscle spasms in the rhomboid muscles and low back, tenderness to palpation in the low back, positive sciatic pain, positive straight leg raise, positive tenderness to the left knee. The treating physician has not documented deficits in dermatomal sensation, reflexes or muscle strength. The criteria noted above not having been met, MRI lumbar spine is not medically necessary.