

Case Number:	CM15-0016146		
Date Assigned:	02/04/2015	Date of Injury:	08/04/2014
Decision Date:	04/22/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/28/2015

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: 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 male who sustained an industrial injury on August 4, 2014. He has reported lower back pain, bilateral hip and leg pain, bilateral knee pain, left arm pain, and left elbow pain. The diagnoses have included lumbar spine strain/sprain, ankle sprain, left elbow tendonitis, and strain/sprain of the knee or leg. Treatment requests were noted in the records but there was no documentation of treatments that had been rendered. A progress note dated December 24, 2014 indicates a chief complaint of lower back pain, bilateral hip and leg pain, bilateral knee pain, left arm pain, and left elbow pain. Physical examination showed decreased range of motion of the lower back and left elbow. The treating physician is requesting a magnetic resonance imaging of the lumbar spine. On December 3, 2014, Utilization Review denied the request for the magnetic resonance imaging citing the MTUS ACOEM Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Spine MRI: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low Back Chapter, MRI.

Decision rationale: Per the 12/24/14 report the patient presents with upper and lower lumbar pain bilaterally with pain in both buttocks, both hips and down both legs to the heels with numbness and pins and needles sensations in both legs. The current request is for LUMBAR SPINE MRI per the 12/24/14 RFA. The report does not state if the patient is currently working. ODG guidelines Low Back Chapter MRI Topic, state that, "MRI's are test of choice for patients with prior back surgery, but for uncomplicated low back pain, with radiculopathy, not recommended until after at least one month conservative therapy, sooner if severe or progressive neurologic deficit. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation)." The treating physician does not explain the reason for this request. There is no evidence of prior MRI or lumbar surgery. The patient does present with radicular symptoms from the lower back to the bilateral legs; however, no objective examination findings are provided to support a diagnosis of radiculopathy for this patient. In this case, the request IS NOT medically necessary.