

Case Number:	CM15-0130364		
Date Assigned:	07/16/2015	Date of Injury:	11/30/2014
Decision Date:	08/18/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	07/06/2015

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, Massachusetts

Certification(s)/Specialty: Preventive Medicine, Occupational 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 was a 55-year-old female, who sustained an industrial injury, November 30, 2014. The injury was sustained when the injured worker was walking back to the work station when the injured worker slipped on a tomato and landed on her left side. The injured worker previously received the following treatments Fenoprofen, Cyclobenzaprine, Pantoprazole, 6 sessions of physical therapy, lumbar spine x-rays, Tylenol, Naproxen, LidoPro ointment, Terocin Patches, Ultracet, left hip steroid injection, 6 sessions chiropractic treatments and 6 sessions of acupuncture. The injured worker was diagnosed with pain in the joint of pelvic region and thigh, pain in joint of the lower leg, lumbago, thoracic or lumbosacral neuritis or radiculitis, myalgia and myositis, sleep disturbances, skin sensation disturbance, lumbar region strain/sprains, hips and thigh injury. According to progress note of May 12, 2015, the injured worker's chief complaint was low back and left hip pain. The injured worker rated the pain at 6 out of 10. The injured worker described the pain as aching, dull, prickling, squeezing and throbbing. The pain was moderate to severe and constant. The condition was associated with joint stiffness, numbness and tingling. The injured worker reported numbness and tingling into the left foot that had gotten worse over the prior two months. The pain was aggravated by bending, excessive work, prolonged sitting, standing and walking. Relieving factors were application of cold and rest. The injured worker was having difficulty falling asleep, remaining asleep and was waking up due to pain. The treatment plan included lumbar spine MRI without contrast, due to no significant improvement with conservative treatment. The MRI study would rule out structural pathology that might require surgery and further recommendations regarding further treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI lumbar spine without contrast: Overturned

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): 303.

Decision rationale: According to ACOEM guidelines referenced by MTUS, lumbar MRI is an appropriate diagnostic study "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, computer tomography CT for bony structures)." From my review of the records there is clinical evidence from the reported symptoms and physical exam findings to indicate that tissue insult or nerve impairment is the potential cause of the IW's chronic pain. Considering that there has been no substantial improvement in the IW's chronic pain despite conservative treatment, based on the cited guidelines the requested imaging study is medically necessary.