

Case Number:	CM15-0132868		
Date Assigned:	07/21/2015	Date of Injury:	06/11/1999
Decision Date:	08/17/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/09/2015

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:

This 54 year old man sustained an industrial injury on 6/11/1999. The mechanism of injury is not detailed. Diagnoses include lumbosacral spine chronic pain syndrome, muscle spasm of the back, lumbago, lumbar myofascial pain, neuralgia and brachial radiculitis, and cervical intervertebral disc disorder with myelopathy. Treatment has included oral medications. Physician notes dated 6/15/2015 show complaints of chronic low back pain. Recommendations include low back MRI, Ultram, Protonix, Naproxen, and follow up in one month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic resonance imaging (MRI) of the low back: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 53.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The requested Magnetic resonance imaging (MRI) of the low back 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 chronic low back pain. The treating physician has not documented a positive straight leg raising test, nor deficits in dermatomal sensation, reflexes or muscle strength. The criteria noted above not having been met, Magnetic resonance imaging (MRI) of the low back is not medically necessary.