

Case Number:	CM15-0139120		
Date Assigned:	07/29/2015	Date of Injury:	01/13/2000
Decision Date:	09/01/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/17/2015

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, North Carolina
 Certification(s)/Specialty: Family Practice

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 43 year old female, who sustained an industrial injury on January 13, 2000. She reported multiple injuries after being struck by an automobile. She was diagnosed with a fractured pelvis, fractured left tibia and fibula fracture and shoulder fracture. Treatment to date has included knee surgery, shoulder surgery, MRI of the cervical spine, NSAIDS, cervical epidural steroid injection, EMG of the bilateral lower extremities and bilateral upper extremities. Currently, the injured worker complains of pain in her head, neck, upper back, mid back lower back, bilateral shoulders, bilateral arms, bilateral elbows, bilateral wrists, bilateral hands, bilateral hips, left knee, bilateral ankles and bilateral feet. She rates her pain a 6 on a 10-point scale with the use of medications and an 8 on a 10-point scale without medications. Her quality of sleep is poor and she reports that her activity level has remained the same. Her current medications include ibuprofen, Norco, gabapentin and Duexis. On physical examination the injured worker has tenderness to palpation and spasm over the bilateral lumbar paravertebral muscles. Straight leg raise test is positive bilaterally. She has positive lumbar facet loading tests bilaterally. She ambulates with an antalgic slow gait. The diagnoses associated with the request include lumbar radiculopathy, and backache. The treatment plan includes Hydrocodone and MRI of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (Magnetic Resonance Imaging) of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 53.

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

Decision rationale: ACOEM Guidelines support MRI of the LS spine when objective findings of nerve root compromise are present. The most recent evaluation showed no evidence of nerve root compromise. There was no evidence of pain in a dermatomal pattern or decrease lower extremity motor/sensor/reflex deficits. Therefore the request for an MRI of the LS spine is not medically necessary.