

Case Number:	CM15-0141375		
Date Assigned:	07/31/2015	Date of Injury:	05/27/2015
Decision Date:	09/15/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/21/2015

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: 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:

This injured worker is a 45 year old female who reported an industrial injury on 5-27-2015. Her diagnoses, and or impression, were noted to include: lumbar spine sprain/strain. X-rays from the first visit of occupational injury, on 5-29-2015, were said to have been taken; no imaging studies were noted. Her treatments were noted to include ice therapy; physical therapy; lumbar spine support; use of cane; medication management; and modified work duties. The initial examination progress notes of 5-29-2015 reported severe pain down the right side of her back. Objective findings were noted to include some tenderness over the lower lumbar spine, with spasms in the right para-vertebral musculature and mild decrease range-of-motion; and difficulty with heel walking. The work status notes of 6-11-2015 noted the physician's requests for treatments to include magnetic resonance imaging studies 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 L/S (lumbar spine): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back pain, MRI.

Decision rationale: This patient receives treatment for low back pain. The medical diagnosis is lumbar strain. This relates to an industrial injury on 05/27/2015. This review addresses a request for an MRI of the lumbar spine. There has been no documentation of conservative therapy; such as chiropractic or PT. The medications prescribed include Relafen, Tramadol, acetaminophen, Norco, and prednisone. On physical exam, lumbar flexion is reduced and there is some paralumbar muscle spasm. There is no documentation of any radicular neurologic findings. There are no clinical red flags, such as primary or metastatic disease of the spine or connective tissues, discitis, progressive myelopathy, or findings consistent with cauda equina syndrome. A lumbar MRI is not medically necessary.