

Case Number:	CM15-0145553		
Date Assigned:	08/06/2015	Date of Injury:	02/25/2011
Decision Date:	09/09/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	07/27/2015

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, Hawaii
 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 44 year old female who sustained an industrial injury on February 25, 2011. The injured worker was employed as a center coordinator and slipped, tripped while moving a small chalkboard resulting in her falling into a floor fan with injury. She was evaluated and treated with oral medication, physical therapy and acupuncture session. A recent primary treating office visit dated April 30, 2015 reported subjective complaint of constant low back pain. The following diagnoses were applied: lumbar strain and sprain with radiculopathy. The plan of care noted the patient to undergo a magnetic resonance imaging study of the lumbar spine ruling out a herniation' continue with home exercise program and follow up in 6 weeks. The worker has been deemed as permanent and stationary. A previous primary office visit dated March 27, 2014 reported unchanged treating diagnoses. She is with subjective complaint of low back pain radiating to the left lower extremity with associated parasthesia's in the left leg. The plan of care noted continuing with Metformin, Theramine, Sentra PM, Gabapentin, and Trepadone. She is also to continue with home exercises with recommendation for aquatic session.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Lumbar & Thoracic (Acute & Chronic) - Magnetic resonance imaging.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG online, Low Back, MRIs.

Decision rationale: The patient presents with pain affecting the low back with radiation to the left lower extremity. The current request is for MRI Lumbar spine. The treating physician report dated 4/30/15 (9B) states, "I am recommending this patient to undergo non-contrast MRI scan of the lumbar spine to confirm the presence of disc herniation." The MTUS guidelines do not address the current request. The ODG has the following regarding MRI of the lumbar spine: "Recommended for indications below. MRIs 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." The medical reports provided do not show that the patient has received an MRI of the lumbar spine previously. In this case, the patient presents with increasing low back pain that radiates to the left lower extremity accompanied with numbness and tingling. Furthermore, the patient has had at least one month of conservative therapy and the treating physician is requesting an MRI in order to confirm the presence of disc herniation. The current request satisfies the ODG guidelines as outlined in the "Low Back" chapter. The current request is medically necessary.