

Case Number:	CM15-0146369		
Date Assigned:	08/07/2015	Date of Injury:	06/03/2014
Decision Date:	09/09/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	07/28/2015

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:

The injured worker is a 50 year old female who sustained an industrial injury on 06-03-2014 when bending over cleaning walls. The injured worker was diagnosed with lumbago, lumbar degenerative disc disease and lumbar sprain and strain. Treatment to date has included diagnostic testing (lumbar spine magnetic resonance imaging (MRI) and electrodiagnostic studies in July 2014), conservative measures, acupuncture therapy, chiropractic therapy, physical therapy, and oral and topical medications. According to the primary treating physician's progress report on June 24, 2015, the injured worker continues to experience low back pain radiating to the right lower extremity. Examination demonstrated tenderness to palpation of the lumbar paravertebral muscles with spasms. Range of motion was restricted due to pain with manual motor strength at 4 out with flexion, extension and bilateral lateral bend. Positive straight leg raise on the right was documented. Neurological examination was within normal limits. Current medications are listed as Cyclobenzaprine, Naproxen, Pantoprazole, and Ortho-Nesic gel. Treatment plan consists of additional chiropractic therapy and an updated magnetic resonance imaging (MRI) of the lumbar spine. The request for chiropractic treatments has been certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Updated MRI of the lumbar spine: Upheld

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): 303-303, 289-290. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter/MRI's (magnetic resonance imaging).

Decision rationale: According to the CA MTUS ACOEM guidelines, imaging of the low back should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. Red flags consist of fracture, tumor, infection, cauda equina syndrome/saddle anesthesia, progressive neurologic deficit, dissecting abdominal aortic aneurysm, renal colic, retrocecal appendix, pelvic inflammatory disease, and urinary tract infection with corresponding medical history and examination findings. According to ODG, repeat magnetic resonance imaging is supported when there is significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). The medical records do not establish red flags or progressive neurologic deficits on clinical examination to support the request for updated imaging. Furthermore, it is noted that chiropractic treatment has been requested and has been certified. In the absence of red flags or progressive neurologic deficits and failure of conservative treatment, the request for updated imaging is not supported. The request for Updated MRI of the lumbar spine is not medically necessary and appropriate.