

Case Number:	CM15-0147996		
Date Assigned:	08/11/2015	Date of Injury:	05/05/2015
Decision Date:	09/08/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/30/2015

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: Preventive Medicine, Occupational 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:

The injured worker is a 28 year-old male who sustained an industrial injury on 05-05-15. He reported low back pain after lifting a package. The injured worker is diagnosed with lumbar disc displacement, lumbosacral neuritis, and sprain lumbar region. He has a history of multiple episodes of low back pain and is reported to have had a prior MRI which was negative (date unknown). In the physician's first report of injury dated 05-05-15 the injured worker complains of sharp bilateral low back pain rated as an 8 on a scale 0 to 10. He has bilateral leg numbness and weakness. Examination of the lumbar spine is remarkable for tenderness to palpation with decreased range of motion. Straight leg raise is positive on the left. Plan of care includes non-steroidal anti-inflammatory medication, physical therapy, EMG-NCV, and radiographic imaging. No updated neurological exam is documented in the records reviewed. Requested treatments include MRI of the lumbar spine without contrast. The injured worker is under work restrictions. Date of Utilization Review: 07-07-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI lumbar spine: Upheld

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

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

Decision rationale: MTUS Guidelines do not support MRI studies of the lumbar spine unless red flag conditions are suspected or objective neurological dysfunction is persistent or progressive. The requesting physician does not document any neurological dysfunction. There are no objective dermatomal signs such as diminished sensation or weakness documented. No red flag conditions are documented. At this point in time the physician's documentation does not support the medical necessity of a lumbar MRI. Under these circumstances, the lumbar MRI is not supported by Guidelines and is not medically necessary.