

Case Number:	CM15-0148336		
Date Assigned:	08/11/2015	Date of Injury:	01/12/2015
Decision Date:	09/08/2015	UR Denial Date:	07/25/2015
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: Emergency 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 20 year old male, who sustained an industrial injury on January 12, 2015, incurring right elbow, left knee and low back injuries after falling into a hole. He was diagnosed with low back pain, myofascial pain, knee pain and chondromalacia. Treatment included physical therapy and home exercise program, chiropractic sessions, anti-inflammatory drugs, muscle relaxants, topical analgesic creams, transcutaneous electrical stimulation, and activity restrictions. Currently, the injured worker complained of increased left knee pain on movement and low back pain when lying down. He noted continuous low back pain with numbness and tingling radiating into the left lower extremity. The treatment plan that was requested for authorization included a lumbar Magnetic Resonance Imaging.

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The requested MRI lumbar spine is not medically necessary. CA MTUS, ACOEM 2nd Edition, 2004, Chapter 12, Lower Back Complaints, Special Studies and Diagnostic and Therapeutic Considerations, Pages 303-305, recommend imaging studies of the lumbar spine with "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option". The injured worker has increased left knee pain on movement and low back pain when lying down. He noted continuous low back pain with numbness and tingling radiating into the left lower extremity. The treating physician has not documented a positive straight leg raising test, nor deficits in dermatomal sensation, reflexes or muscle strength. The criteria noted above not having been met. MRI lumbar spine is not medically necessary.