MAXIMUS Federal Services

Case Number:	CM15-0148404		
Date Assigned:	08/11/2015	Date of Injury:	03/22/1994
Decision Date:	09/11/2015	UR Denial Date:	07/01/2015
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: 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 61 year old male, who sustained an industrial injury on March 22, 1994. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having myofascial sprain of the lumbar spine, status post laminectomy and disc decompression surgery, status post left knee arthroscopy, status post right knee arthroscopy, multi-level disc protrusion of the lumbar spine, medial meniscal tear of the left knee, and osteoarthritis of the bilateral knees. Treatment and diagnostic studies to date has included medication regimen and above noted procedures. In a progress note dated June 02, 2015 the treating physician reports complaints of severe pain to the low back with severe muscle spasms. Examination reveals tenderness and spasm to the lumbar spine, decreased range of motion to the lumbar spine, positive Kemp testing, and decreased muscle strength to the leg with weakness. The documentation provided did not indicate any prior diagnostic studies. The treating physician requested magnetic resonance imaging of the lumbar spine to assess for further deterioration noting that the injured worker was status post lumbar spine surgery. July 3, 2015 noted improvement with aquatic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging) 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): 303-304, 289-290.

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. The medical records do not establish failure at recent attempt of conservative treatment. The most recent examination narrative notes improvement with recent aquatic therapy. In the absence of red flags and failure of conservative treatment, a request for repeat imaging is not supported. The request for MRI (magnetic resonance imaging) Lumbar Spine is not medically necessary and appropriate.