

Case Number:	CM15-0148747		
Date Assigned:	08/11/2015	Date of Injury:	07/02/2013
Decision Date:	09/09/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/31/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 (IW) is a 54-year-old female who sustained an industrial injury on 07-02-2013. Diagnoses include cervical and lumbar spine disc protrusion with radiculopathy. Treatment to date has included medications, aquatic therapy, chiropractic treatment, acupuncture, interferential unit and physical therapy. According to the progress notes dated 6-5-2015, the IW reported low back pain with radicular symptoms of numbness and tingling in the bilateral lower extremities to the toes, right greater than left. On examination, the lumbar spine was tender to palpation, sensation was decreased in the right shin at the L4-5 dermatome and straight leg raise was positive bilaterally. A request was made for an MRI of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303,304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back -MRIs (magnetic resonance imaging).

Decision rationale: MRI of the lumbar spine is not medically necessary per the ACOEM MTUS guidelines and the ODG. The MTUS recommends imaging studies are reserved for cases in which surgery is considered, or there is a red-flag diagnosis. The guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment. The ODG states that repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. The documentation indicates that the patient had a lumbar MRI on 11/4/13. The documentation submitted does not reveal significant new change in findings or a red flag diagnoses. There is no documentation how an MRI would alter this treatment plan. The request for a lumbar MRI is not medically necessary.