

Case Number:	CM15-0166240		
Date Assigned:	09/03/2015	Date of Injury:	12/07/2013
Decision Date:	10/06/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	08/24/2015

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 21-year-old female who sustained an injury on 12-7-13. The Qualified Medical Examination on 3-17-15 reports the injury resulted when she experienced painful lower back symptoms after having been on her knees cleaning a bathtub and then reaching up to clean the faucet. X-rays lumbar spine, Ibuprofen, and Vicodin were prescribed; aqua therapy was recommended. She complains of throbbing low back pain when arising from a sitting to a standing position; when walking she is unable to make a full stride before she feels a pulling sensation in the lower back; radiation from the lower back into the buttocks and into the thighs to the level of the knees. She has occasional numbness and tingling in both legs and at this examination, she has not taken any medications for pain in the last 2 months. The X-ray lumbar spine (6-16-14) as noted on this report show probable mild thoracolumbar levoscoliosis; X-ray hip left impression was normal. It was also noted that the IW had one more physical therapy visit. Work restrictions included no lifting above 15 pounds; avoid forceful pushing or pulling greater than 15 pounds. An MRI was performed on 7-10-14. The physical examination reveals no palpable anterior or posterior cervical muscle spasm; no thyromegaly or cervical adenopathy; no tenderness over the occipital prominence over the posterior cervical spine. There is mild left lumbar paraspinal muscle spasm; mild tenderness over the left sciatic notch; no tenderness over the right sciatic notch and she is able to stand independently upon either leg; straight leg raising right is 90 degrees and left is 70 degrees. Diagnoses are chronic obesity; lumbar disc protrusion, moderate at L4-5 without peripheral radiculopathy; probably segmental instability at L4-5 level. The plan was to continue with physical therapy 6-12 visits per year when she has flare-ups; anti-

inflammatory medication and no surgical intervention were recommended. The PR2 from 6-4-15 reports complaints of decreased range of motion; objective findings are muscle spasms; work restrictions included no lifting, carrying, pushing or pulling over 20 pounds. 7-9-15 PR2 examination reports she has decreased range of motion, low back pain and right leg pain. The objective findings report muscle spasm and slightly decreased range of motion. Diagnoses are discogenic syndrome; inguinal hernia. The plan is home exercise program, work restrictions, and to return in 2 weeks with the results of the MRI lumbar spine. Current requested treatments 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, Low Back, Lumbar & Thoracic, (Acute & Chronic), MRIs (magnetic resonance imaging).

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

Decision rationale: The requested MRI of the 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 no palpable anterior or posterior cervical muscle spasm; no thyromegaly or cervical adenopathy; no tenderness over the occipital prominence over the posterior cervical spine. The is mild left lumbar paraspinal muscle spasm; mild tenderness over the left sciatic notch; no tenderness over the right sciatic notch and she is able to stand independently upon either leg; straight leg raising right is 90 degrees and left is 70 degrees. 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 of the lumbar spine is not medically necessary.