

Case Number:	CM15-0183478		
Date Assigned:	09/24/2015	Date of Injury:	02/25/2012
Decision Date:	10/30/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/17/2015

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 37 year old male, who sustained an industrial injury on 2-25-12. His current diagnosis is spondylolysis L5-S1. His work status is modified duty. A report dated 8-17-15 reveals the injured worker presented with complaints of localized low back pain. A physical examination dated 8-17-15 revealed restricted range of motion and exacerbation of the injured worker's "familiar pain with extension". The straight leg raise is positive on the left at 35 degrees with referred low back and buttock pain. The injured worker has severe pain while lying on his stomach to "ballotment of the L5-S1 spinous process with a positive spring test". Treatment to date has included medication; however, the therapeutic response was not addressed. Diagnostic studies to date have included a toxicology screen dated 8-17-15, which was negative and an x-ray, which is suggestive of spondylolysis, per note dated 8-17-15. A request for authorization dated 8-26-15 for lumbar spine MRI is denied due to lack of documentation citing exhausted and failed conservative therapy and no significant, quantitative objective evidence of nerve compromise, per Utilization Review letter dated 9-2-15.

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 Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: The MTUS Guidelines do not recommend the routine use of MRI with low back complaints. MRI should be reserved for cases where there is physiologic evidence that tissue insult or nerve impairment exists, and the MRI is used to determine the specific cause. MRI is recommended if there is concern for spinal stenosis, cauda equine, tumor, infection or fracture is strongly suspected, and x-rays are negative. In this case, there is a lack of information in the available documentation of objective nerve impairment. It is also not clear that the injured worker has exhausted all attempts at conservative treatment; therefore, the request for MRI lumbar Spine is not medically necessary.