

Case Number:	CM15-0184750		
Date Assigned:	09/25/2015	Date of Injury:	07/17/1997
Decision Date:	11/02/2015	UR Denial Date:	09/05/2015
Priority:	Standard	Application Received:	09/21/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 53-year-old female who sustained an industrial injury July 17, 1997. Diagnoses have included lumbosacral strain with radiculopathy, and persistent right hip and thigh pain. Documented treatment includes medication including Ultram, Norco, Glucosamine, Fexmid, Xodol, and Lidoderm. Previous related treatments and diagnostic tests are not available in the provided medical records. On 8-25-2015, the injured worker continues to report low back pain stating "good and bad days." The objective examination revealed forward flexion 12 inches from the floor; positive straight leg raise at 64 degrees on the right and 63 on the left; persistent weakness of the right extensor hallucis longus, and diminished ankle jerk. The treating physician's plan of care includes a request 8-25-2015 for an MRI of the lumbar spine without dye. This was denied on 9-5-2015. Current work status is not available.

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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging).

Decision rationale: The claimant has a remote history of a work injury occurring in July 1997 as the result of a fall. When seen, she was having ongoing complaints of low back pain with good and bad days. She was receiving all medications except for Lidoderm. Physical examination findings were that of positive straight leg raising and asymmetric lumbar range of motion. There was persistent right extensor hallucis longus weakness and decreased right ankle reflex. Medications were refilled. Authorization was requested for an MRI of the lumbar spine. Applicable criteria for obtaining an MRI of the lumbar spine would include a history of trauma with neurological deficit, when there are red flags such as suspicion of cancer or infection, or when there is radiculopathy with severe or progressive neurologic deficit. In this case, there is no identified new injury. There are no identified red flags that would support the need for obtaining an MRI scan, which is not medically necessary.