

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0185221 | | |
| Date Assigned: | 09/25/2015 | Date of Injury: | 07/27/2015 |
| Decision Date: | 11/02/2015 | UR Denial Date: | 09/11/2015 |
| 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: 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 32 year old male with an industrial injury date of 07-27-2015. Medical record review indicates he is being treated for lumbago. Subjective complaints (08-25-2015) were low back pain, left leg "is spasming." Physical exam (08-25-2015) revealed guarding with range of motion of left hip and thigh. There was 2 plus spasms. In the 09-01-2015 note the treating physician noted: "Patient reports he is feeling better than last week." Subjective complaints included hearing a "clicking" in low back if he does a sit up and pain in left hip going down left leg. Medications were unchanged. Physical exam 09-01-2015 is documented as antalgic gait, negative heel toe walk and lateral twist 90 degrees bilaterally. Work status (09-01-2015) is documented as restricted activity - "lifting less than 5 pounds, limited walking, limited standing, sitting - alternate every 30 minutes with standing, pulling - pushing, kneeling, climbing - ladder- stairs and bending-stooping." Prior treatment included medications and physical therapy. His current medications included Carisoprodol and Naproxen. The request for authorization (09-03- 2015) is for MRI of lumbar spine. On 09-11-2015 the request for MRI of the lumbar spine was non-certified by utilization review.

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 Low Back Complaints 2004.

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

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 treating physician has documented "Patient reports he is feeling better than last week." Subjective complaints included hearing a "clicking" in low back if he does a sit up and pain in left hip going down left leg. Medications were unchanged. Physical exam 09-01-2015 is documented as antalgic gait, negative heel toe walk and lateral twist 90 degrees bilaterally. 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.