

Case Number:	CM15-0186854		
Date Assigned:	09/28/2015	Date of Injury:	12/19/2010
Decision Date:	11/06/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/22/2015

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: Montana, Oregon, Idaho
Certification(s)/Specialty: Orthopedic Surgery

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 52 year old female who sustained an industrial injury 12-19-10. A review of the medical records reveals the injured worker is undergoing treatment for lumbago, thoracolumbosacral neuritis-radiculopathy, insomnia, and radiculopathy. Medical records (08-05-15) reveal the injured worker complains of low back pain and pain going down her right lower extremity that is unrated but noted to be "unchanged." The physical exam (08-07-15) reveals tenderness across the lumbar spine towards the buttock area, as well as limited lumbar spine range of motion. Prior treatment includes medications. The original utilization review (08-19-15) non-certified the request for a 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 lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to CA MTUS/(ACOEM), 2nd edition (2004), page 303, Low Back Complaints, Chapter 12, which is part of the California Medical Treatment Utilization Schedule. It states, "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 and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures)." In this particular patient, there is no indication of criteria for an MRI based upon physician documentation or physical examination findings from the exam note of 8/5/15. There is no documentation nerve root dysfunction or failure of a treatment program such as physical therapy. The documentation describes her symptoms as "unchanged" and therefore there is no objective findings, which would indicate a new MRI, would show anything different than the MRI of 1/17/14. Therefore, the request of the MRI of the lumbar spine is not medically necessary and appropriate and is non-certified.