

Case Number:	CM15-0187467		
Date Assigned:	09/29/2015	Date of Injury:	06/02/2014
Decision Date:	11/10/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/23/2015

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 49-year-old male, who sustained an industrial injury on 6-2-14. Current diagnoses or physician impression include right hip osteoarthritis (T-A), lumbosacral spine sprain and radiculopathy left lower extremity. The injured worker is not currently working. A note dated 7-8-15 reveals the injured worker presented with complaints of right hip and low back pain. A physical examination dated 7-8-15, which is difficult to decipher, revealed an altered gait, "positive right straight leg raise, S1 defect, decreased right hip range of motion." An examination dated 5-27-15 reveals decreased lumbar spine range of motion and positive straight leg raise (left greater than right). Treatment to date has included chiropractic care, medication (rated as severe pain without medications) and a TNS unit. Diagnostic studies to date have included MRI (2014) and x-rays. A request for authorization dated 7-2-15 for lumbar spine MRI without contrast is non-certified, per Utilization Review letter dated 8-25-15.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

MRI lumbar spine no contrast: 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 lumbar spine no contrast 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 complaints of right hip and low back pain. A physical examination dated 7-8-15, which is difficult to decipher, revealed an altered gait, "positive right straight leg raise, S1 defect, decreased right hip range of motion." An examination dated 5-27-15 reveals decreased lumbar spine range of motion and positive straight leg raise (left greater than right). Treatment to date has included chiropractic care, medication (rated as severe pain without medications) and a TNS unit. Diagnostic studies to date have included MRI (2014) and x-rays. The treating physician has not documented evidence of an acute clinical change since a previous imaging study. The criteria noted above not having been met, MRI lumbar spine no contrast is not medically necessary.