

Case Number:	CM15-0188179		
Date Assigned:	09/30/2015	Date of Injury:	04/01/2013
Decision Date:	11/09/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/24/2015

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 43 year old male, who sustained an industrial injury on April 1, 2013. He reported a sharp pain in his lower back and pain in the left shoulder. The injured worker was currently diagnosed as having lumbar disc disease with radiculopathy. Treatment to date has included diagnostic studies, exercise, medications and injections. On June 19, 2014, an MRI of the lumbar spine without contrast revealed lumbar spondylosis L3-4, L4-5 and L5-S1 discs showing mild progression since previous study of May 10, 2013, an L3-4 3mm posterior disc protrusion, at L4-5 4mm posterior disc protrusion and at L5-S1 4mm posterocentral and right paracentral disc protrusion. On August 12, 2015, the injured worker complained of low back pain radiating down the right leg. Symptoms were noted to increase with activity. Physical examination revealed tenderness to the lumbar spine. The treatment plan included continuation of home exercises and an MRI of the lumbar spine. On August 26, 2015, utilization review denied a request for lumbar MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar MRI: 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, Summary.

Decision rationale: As per ACOEM Guidelines, imaging studies should be ordered in event of "red flag" signs of symptoms, signs of new neurologic dysfunction, clarification of anatomy prior to invasive procedure or failure to progress in therapy program. Patient does not meet any of these criteria. There are no documented red flag findings in complaints or exam. There is no noted new neurologic dysfunction. Patient has had an MRI done in 6/19/14. There is no justification documented for why MRI of lumbar spine was needed for unchanged chronic symptoms. MRI of lumbar spine is not medically necessary.