

Case Number:	CM15-0189534		
Date Assigned:	10/01/2015	Date of Injury:	07/16/2009
Decision Date:	11/16/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/25/2015

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: Pennsylvania

Certification(s)/Specialty: Family Practice

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 31 year old female who sustained an industrial injury on 7-16-09. A review of the medical records indicates she is undergoing treatment for cervical spine disc bulge, lumbar spine disc rupture, right shoulder strain, left shoulder strain, right elbow strain, left elbow internal derangement, status post right carpal tunnel syndrome surgery, left carpal tunnel syndrome, and "other problems unrelated to current evaluation". Medical records (7-1-15 to 7-14-15) indicate complaints of worsening pain in the neck and low back with "leg numbness". She reports difficulty with completing activities of daily living. The physical exam (7-14-15) reveals tenderness in the lumbosacral region, a positive straight leg raise on the right side, and pain and tenderness of the cervical spine with spasm. The treatment recommendation is for a lumbar spine support, updated MRIs of the cervical and lumbar spine due to worsening symptoms for surgical "(illegible hand writing)". "Epidurals" to the neck and low back are also "suggested". The utilization review (9-1-15) includes a request for authorization for an MRI of the lumbar spine. The request was denied.

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 MTUS 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." In the progress note of 8/12/15 it was stated that sensation was diminished in the right anterior mid thigh, right lateral calf and right lateral ankle. There was no documentation of strength testing, straight leg raise testing, or reflexes. Low back pain was documented but there was no documentation of lower extremity pain or weakness. There is insufficient evidence in this case to warrant an MRI. Therefore, the requested treatment is not medically necessary.