MAXIMUS Federal Services

Case Number:	CM15-0194695		
Date Assigned:	10/08/2015	Date of Injury:	04/15/2006
Decision Date:	11/16/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/05/2015

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: Arizona, California
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 61 year old female, who sustained an industrial injury on 04-15-2006. She has reported subsequent bilateral leg pain and weakness. The medical records submitted were minimal and consist only of primary treating physician's progress notes dated 05-11-2015 and 09-14-2015. No diagnoses were listed in the medical records provided. Treatment to date was not documented. In the 05-11-2015 progress note, the injured worker was noted to have fallen the month prior when right leg buckled out from under her. The injured worker reported that she "felt something clunking in her back when she twists or turns". The physician noted that the injured worker had a little more weakness in the left leg all consistent with her ongoing deterioration of L3 level and that "when she comes back the next time, if she is still having problems, I will want to get new Knutson x-rays and an AP." In a progress note dated 09-14-2015, the injured worker reported progressively increased numbness and tingling down the left leg. Objective examination findings revealed positive straight leg raise. Work status was not documented. The physician noted that an MRI of the lumbar spine was recommended to evaluate for spinal stenosis. A request for authorization of magnetic resonance imaging (MRI) of the lumbar spine without contrast was submitted. As per the 09-24-2015 utilization review, the request for magnetic resonance imaging (MRI) of the lumbar spine without contrast was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic resonance imaging (MRI) of the lumbar spine without contrast: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - MRI: Thoracic, lumbar.

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

Decision rationale: According to the ACOEM guidelines, an MRI of the lumbar spine is recommended for red flag symptoms such as cauda equina, tumor, infection, or uncertain neurological diagnoses not determined or equivocal on physical exam. In this case, the claimant was getting increased pain, numbness and tingling in the lower extremities. Prior x-rays were unremarkable. The request for an MRI of the lumbar spine is medically necessary.