

Case Number:	CM15-0195276		
Date Assigned:	10/09/2015	Date of Injury:	09/24/2014
Decision Date:	11/23/2015	UR Denial Date:	09/23/2015
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: 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 46 year old male, who sustained an industrial injury on 9-24-14. The injured worker is diagnosed with large lumbar spine disc herniation L5-S1, lumbosacral sprain and lumbar radiculopathy. His work status is temporary total disability. Notes dated 7-13-15-8-20-15 reveals the injured worker presented with complaints of constant, moderately severe to extremely severe low back pain described as dull, aching stabbing, burning and shooting that radiates to his legs bilaterally. The pain is rated at 9-10 out of 10. The pain is increased by movement and palpation and decreased by medications. He reports difficulty engaging in activities of daily living; vacuuming, house cleaning, playing sports, gardening, sleeping, doing dishes, showering, making the bed, interacting with his spouse and children, driving, shipping and walking due to pain. Physical examinations dated 7-13-15-9-3-15 revealed global tenderness "about the lumbar spine", decreased forward flexion, marked lumbar spine tenderness and spasms noted to palpation, decreased lumbar range of motion and a positive straight leg raise on the right. Treatment to date has included physical therapy, lumbar spine injections, medication and, chiropractic care heat, ice and rest relieves pain, per note dated 4-14-15. Diagnostic studies to date have included lumbar spine x-rays reveals loss of lumbar lordosis and lumbar spine MRI (3-31-15) reveals significant disc herniation at L5-S1 per physician note dated 8-20-15. A request for authorization dated 9-18-15 for lumbar spine MRI is denied, per Utilization Review letter dated 9-23-15. An MRI of lumbar spine dated 3/31/15 was reviewed. Report shows severe foraminal stenosis at L5-S1 with broad based 3-4mm right foraminal disc protrusion. Moderate facet hypertrophy.

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

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 already with known findings. There is no justification documented for why MRI of lumbar spine was needed so soon after a prior one and how it will change management. MRI of lumbar spine is not medically necessary.