

Case Number:	CM15-0196012		
Date Assigned:	10/09/2015	Date of Injury:	11/19/2014
Decision Date:	11/18/2015	UR Denial Date:	09/08/2015
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 41 year old male, who sustained an industrial injury on 11-19-2014. The injured worker was being treated for musculoligamentous sprain-strain of the lumbar spine and possible herniated nucleus pulposus. Treatment to date has included diagnostics, physical therapy, home exercise, acupuncture, and medications. On 8-11-2015, the injured worker complains of mid and low back pain, reporting that any prolonged standing or walking causes pain and discomfort that radiates into the bilateral legs down to the feet. Pain was rated 7 out of 10 (unchanged from 7-07-2015, rated 6 out of 10 on 6-09-2015). Radiating back pain was reported since at least 1-05-2015 (lumbar spine x-rays "unremarkable"). Objective findings noted tenderness to palpation over the lumbar spine and right sacroiliac joint, pain and spasm with range of motion, hypoesthesia over the right anterior quadrant, radiating low back pain into the right calf and foot, and numbness and tingling over the bilateral gluteal muscles, right thigh and bottom of foot. X-rays of the lumbar spine (4-14-2015) were documented as previously reviewed ("narrowing of the L5-S1 interspace"). Current medication regimen was not noted. Magnetic resonance imaging of the lumbar spine was documented as necessary to aid in determining the etiology of persistent low back pain, radiculopathy and paresthesias. He remained "off work". The treatment plan included magnetic resonance imaging of the lumbar spine, non-certified by Utilization Review on 9-08-2015.

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: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

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 had persistent pain but a change and worsening in leg hypoesthesia and radicular findings that were not present on the exam in January 2015. As a result, the request for an MRI of the lumbar spine is appropriate.