

Case Number:	CM15-0196172		
Date Assigned:	10/09/2015	Date of Injury:	03/24/2011
Decision Date:	11/18/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	10/06/2015

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(n) 43 year old female, who sustained an industrial injury on 3-24-11. The injured worker was diagnosed as having lumbosacral radiculitis, lumbar intervertebral disc degeneration and chronic pain syndrome. Medical records (4-8-15 through 7-16-15) indicated moderate pain in the neck, shoulders, hips and lower back. The physical exam (4-27-15 through 7-16-15) revealed positive straight leg raise test bilaterally, an antalgic gait and tenderness with spasms and guarding. As of the PR2 dated 8-17-15, the injured worker reports increased pain, stiffness and numbness in the lower back radiating down the lower extremities. She is currently working. Objective findings include a positive straight leg raise test bilaterally at 75 degrees and an antalgic gait. Treatment to date has included psychological treatments, Gabapentin, Cymbalta and Norco. The treating physician requested a lumbar MRI without contrast. The Utilization Review dated 9-8-15, non-certified the request for a lumbar MRI without contrast.

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 without contrast per 08/17/15 order: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Diagnostic Criteria, 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 similar symptoms for several months. The claimant had undergone prior surgery and had an MRI previously. The claimant was referred to a surgeon for further evaluation. The request for the MRI of the spine is not medically necessary.