

Case Number:	CM15-0196542		
Date Assigned:	10/12/2015	Date of Injury:	07/13/2012
Decision Date:	11/25/2015	UR Denial Date:	09/09/2015
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: 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 59 year old, male who sustained a work related injury on 7-13-12. A review of the medical records shows he is being treated for lower back pain. Treatments have included facet and medial branch block injections, TENS unit therapy, home exercises and medications. Current medications include Hydrocodone-acetaminophen, Naproxen, Senokot, Pantoprazole and Nabumetone. In the progress notes, the injured worker reports lower back pain. He rates his pain level a 4 out of 10. He describes the pain as aching, dull, sharp and stabbing. The pain radiates to the right leg. He reports his pain medications are "working well." There have been no major changes in pain symptoms or pain levels in the last several visit notes. On physical exam dated 8-20-15, he has limited lumbar range of motion. He has tenderness on palpation with spasms on the right side of paravertebral muscles. He has positive lumbar facet loading on the right side. He has positive straight leg raises with the right leg. He has tenderness over the sacroiliac spine. He has normal motor function and sensory exams. He is not working. The treatment plan includes refills of medications, requests for physical therapy, a referral for an orthopedic consultation, for TENS unit therapy and for an MRI of lumbar spine. In the Utilization Review dated 9-9-15, the requested treatment of an MRI of lumbar spine is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of lumbar spine without contrast: Upheld

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): Special Studies.

Decision rationale: According to the CA MTUS ACOEM guidelines, imaging of the low back should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. Red flags consist of fracture, tumor, infection, cauda equina syndrome/saddle anesthesia, progressive neurologic deficit, dissecting abdominal aortic aneurysm, renal colic, retrocecal appendix, pelvic inflammatory disease, and urinary tract infection with corresponding medical history and examination findings. In this case, there is no evidence of clinical findings on examination which would cause concern for radiculopathy stemming from the lumbar spine. There is also no evidence of red flags to support the request for advanced imaging studies. The request for MRI of lumbar spine without contrast is not medically necessary and appropriate.