

Case Number:	CM15-0197321		
Date Assigned:	10/12/2015	Date of Injury:	08/21/2012
Decision Date:	11/23/2015	UR Denial Date:	09/19/2015
Priority:	Standard	Application Received:	10/07/2015

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 44 year old male, who sustained an industrial-work injury on 8-21-12. He reported initial complaints of left buttock and posterior calf pain. The injured worker was diagnosed as having recurrent lumbar strain, left 3-4 disc protrusion with foraminal stenosis and right L4-5 disc protrusion. Treatment to date has included medication, ESI (epidural steroid injection with improvement), and physical therapy. Currently, the injured worker complains aggravation of back pain with new onset of right leg pain since start of therapy. His low back pain resolved with a second lumbar epidural injection to 80 percent. There is neck pain radiating into the left arm and rated 3 out of 10. Per the primary physician's progress report (PR-2) on 8-20-15, exam noted normal motor function, some decreased sensation in left foot and right big toe with negative straight leg raise. Lumbar range of motion is moderately decreased. There is tenderness with palpation. Current plan of care includes MRI (magnetic resonance imaging) to determine new pathology. The Request for Authorization requested service to include MRI of the lumbar spine without contrast. The Utilization Review on 9-19-15 denied the request for MRI of the lumbar spine without contrast, per ACOEM Guidelines 2013 Low Back Disorders.

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: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines 2013 Low Back Disorders.

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 is no documented red flag findings in complaints or exam. There has no noted new neurologic dysfunction just complaints of new pain. Patient has had an MRI with known diagnosis. There is no justification documented for why MRI of lumbar spine was needed with an acute flare of symptoms. No basic conservative care has been attempted with this flare. MRI of lumbar spine is not medically necessary.