MAXIMUS Federal Services

Case Number:	CM15-0198181		
Date Assigned:	10/13/2015	Date of Injury:	10/14/2014
Decision Date:	12/01/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	10/08/2015

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, Hawaii
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 38 year old female who sustained an industrial injury on 10-14-2014. A review of the medical records indicated that the injured worker is undergoing treatment for low back pain and lumbar facet arthropathy. According to the treating physician's progress report on 08-20-2015, the injured worker continues to experience low back pain. Examination demonstrated spasm with positive straight leg raise for back pain. Range of motion was documented as 60 degrees flexion and 10 degrees extension. Motor strength of the bilateral lower extremities was intact. Prior treatments have included physical therapy (approximately 9 completed) and medications. Prior radiographic studies were not included in the review. Current medications were listed as Naprosyn and Prilosec. Treatment plan consists of continuing medications, laboratory blood work and the current request for a lumbar spine magnetic resonance imaging (MRI). On 09-08-2015 the Utilization Review determined the request for lumbar magnetic resonance imaging (MRI) was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI lumbar spine: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low back, MRI.

Decision rationale: The patient presents with continued low back pain. The current request is for MRI lumbar spine. The treating physician states, in a report dated 08/20/15, "MRI, lumbar spine. She is getting done through her private insurance." (11A) The MTUS guidelines are silent on MRIs. ODG guidelines state, "The ODG guidelines lumbar chapter indicates MRI scans for patients with lower back pain with radiculopathy, suspicion of cancer, infection and other red flags." In this case, the treating physician states, in a report dated 05/28/15, "The patient is a female who is having significant back and leg pain. Clinically, she has lumbar radiculopathy [specifically] L4-5 and L5-S1 radiculopathy with facet arthropathy on the radiographs." (17B) There is no documentation of a prior lumbar MRI being performed in the records provided. Based upon the medical records submitted for review, the current request is medically necessary.