

Case Number:	CM15-0198305		
Date Assigned:	10/13/2015	Date of Injury:	06/19/2014
Decision Date:	12/02/2015	UR Denial Date:	09/09/2015
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

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This is a 48 year old male with a date of injury of June 19, 2014. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar radiculopathy and sciatica. Medical records dated March 23, 2015 indicate that the injured worker complained of lumbar spine pain rated at a level of 5 out of 10 with radiculopathy to the left lower extremity to the knee posteriorly, and occasional numbness and tingling to the left foot and toes. A progress note dated July 22, 2015 documented complaints similar to those reported on March 23, 2015 with pain rated at a level of 7 out of 10. Per the treating physician (July 22, 2015), the employee had work restrictions that included limited stooping and bending, limited sitting, limited lifting, pushing, and pulling, and must be able to stand or sit at liberty. The physical examination dated June 16, 2015 revealed decreased range of motion of the lumbar spine, radicular pain on the left with seated straight leg raise, lower back pain with supine right straight leg raise, and lower back pain with left lower extremity radiation with supine left straight leg raise. Treatment has included lumbar laminectomy and decompression, an unknown number of physical therapy and acupuncture sessions with "Brief relief", lumbar epidural steroid injection that did not help long term, and medications (Ibuprofen, Tramadol, Norco, and Omeprazole). The original utilization review (September 9, 2015) non-certified a request for magnetic resonance imaging of the lumbar spine.

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: 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: The MTUS Guidelines do not recommend the routine use of MRI with low back complaints. MRI should be reserved for cases where there is physiologic evidence that tissue insult or nerve impairment exists, and the MRI is used to determine the specific cause. MRI is recommended if there is concern for spinal stenosis, cauda equine, tumor, infection or fracture is strongly suspected, and x-rays are negative. In this case, there is no evidence of tissue insult, nerve impairment or other red flags that would warrant an MRI. Additionally, the injured worker has not failed with conservative treatment, therefore, the request for MRI of the lumbar spine is determined to not be medically necessary.