

Case Number:	CM15-0200636		
Date Assigned:	11/06/2015	Date of Injury:	01/22/2004
Decision Date:	12/18/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/13/2015

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 57 year old male, who sustained an industrial injury on 01-22-2004. Medical records indicated that the injured worker is undergoing treatment for disc syndrome without myelopathy, lumbar sprain-strain, myofasciitis, and radiculitis. Treatment and diagnostics to date has included physical therapy and medications. Recent medications have included Anaprox, Omeprazole, and Norco. A progress note dated 04-26-2010 noted MRI scan of the lumbar spine dated 05-20-2008 showed "disc protrusions of 2 to 3mm at most levels of the lumbar spine." Subjective data (08-26-2015), included "constant, moderate" lumbar and left leg pain rated 6 out of 10 on the pain scale. Objective findings (08-26-2015) included tenderness to palpation to lumbosacral area, decrease lumbar spine range of motion, and positive bilateral Kemp's, Ely's, Iliac Compression, and Bechterew's tests. The Utilization Review with a decision date of 09-21-2015 non-certified the request for MRI of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRI of the lumbar spine: Upheld

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

Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging).

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. There were no red flag symptoms. There was no plan for surgery. The claimant had a prior MRI which showed disc protrusions and the claimant currently has L4-L5 dermatomal diminished sensation consistent with MRI findings. The request for an "updated MRI" of the lumbar spine is not medically necessary.