

Case Number:	CM15-0202788		
Date Assigned:	10/19/2015	Date of Injury:	04/24/2013
Decision Date:	11/30/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	10/15/2015

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 44 year old, female who sustained a work related injury on 4-24-13. A review of the medical records shows she is being treated for cervical spine and lumbar spine pain. In progress notes dated 7-5-15 and 8-20-15, the injured worker reports persistent cervical neck pain. She rates this pain a 5 out of 10. She reports lumbar spine pain. She rates this pain a 6 out of 10. On physical exam dated 8-20-15, she has tenderness to palpation of the bilateral upper trapezius muscles. She has full range of motion in neck. She has tenderness to palpation of lumbar spine with full range of motion. Treatments have included use of a lumbar brace, physical therapy, TENS unit therapy and medication. Current medications include Tramadol. She is currently working. The treatment plan includes requests for an MRI of the lumbar spine and for a 30 day extension of her TENS unit. The Request for Authorization dated 8-24-15 has requests for an MRI of the lumbar spine and for a 30-day extension of the TENS unit. In the Utilization Review dated 9-15-15, the requested treatment of an MRI of the 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 the lumbar spine, outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

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 request for an MRI of the lumbar spine is not medically necessary.