

Case Number:	CM15-0203302		
Date Assigned:	10/20/2015	Date of Injury:	02/08/2010
Decision Date:	12/01/2015	UR Denial Date:	09/17/2015
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 51 year old male, who sustained an industrial injury on 2-8-2010. A review of the medical records indicates that the injured worker is undergoing treatment for L4-L5 and L5-S1 disc bulges of 3mm with annular tears per MRI 10-21-2011. On 9-10-2015, the injured worker reported increased low back pain with spasms, with a recent cold and cough significantly increasing his pain. The Primary Treating Physician's report dated 9-10-2015, noted the injured worker was currently working. The injured worker's current medications were noted to include Naproxen and Cyclobenzaprine. The physical examination was noted to show tenderness over the posterior superior iliac spines bilaterally with positive straight leg raise on the left with pain to the low back. The treatment plan was noted to include continued use of H-wave, continued exercises, continued Naproxen and Cyclobenzaprine, and a request for a MRI of the lumbar spine to rule out disc herniation. The injured worker's work status was noted to be return to full duty with no limitations or restrictions. The request for authorization dated 9-11-2015, requested a MRI of the lumbar spine. The Utilization Review (UR) dated 9-17-2015, denied the request for a 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:

MRI lumbar spine: 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 claimant's exam findings have not changed for several months. There claimant did not attend therapy to alleviate any symptoms. The request for an MRI of the lumbar spine is not medically necessary.