

Case Number:	CM15-0206952		
Date Assigned:	10/23/2015	Date of Injury:	04/06/2015
Decision Date:	12/09/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/21/2015

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: Emergency 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:

The injured worker is a 50 year old female, who sustained an industrial injury on 04-06-2015. She has reported injury to the left knee and low back. The diagnoses have included lumbar sprain-strain with left lower extremity radiculopathy, herniated nucleus pulposus, L3-L4, L4-L5; left knee sprain-strain; and left ankle sprain-strain. Treatment to date has included medications, diagnostics, activity modification, lumbar bracing, and physical therapy. Medications have included Naproxen, Tramadol, Diclofenac ER, and Tylenol. A progress report from the treating physician, dated 09-22-2015, documented a follow-up visit with the injured worker. The injured worker reported continued lumbar spine pain radiating down the left leg; the pain is rated at 5 out of 10 in intensity today; she was unable to tolerate Medrol pack due to stomach pain; and stomach pain improved. Objective findings included decreased lumbar spine range of motion; increased pain on extension; straight leg raise positive on the left; tenderness to palpation to the left paralumbar and left buttock regions; and tenderness to palpation of the left posterior knee. The treatment plan has included the request for MRI of the lumbar spine. The original utilization review, dated 10-03-2015, non-certified the request 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 of the Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic).

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

Decision rationale: Request for services was received by UR for review on 9/28/2015. An MRI of lumbar spine was done on 6/9/2015. This independent medical review will consider this a request for a new MRI and since there is no documentation or notation that this was a retrospective request for approval. As per ACOEM Guidelines, imaging studies should be ordered in event of "red flag" signs of symptoms, signs of new neurologic dysfunction, clarification of anatomy prior to invasive procedure or failure to progress in therapy program. Patient does not meet any of these criteria. Patient has had an MRI of lumbar spine done recently on 6/9/15 with noted findings. There are no documented red flag findings in complaints or exam. There is no noted new neurologic dysfunction or change in exam. There is no justification documented for why a repeat MRI of lumbar spine was needed. MRI of lumbar spine is not medically necessary.