

Case Number:	CM15-0208373		
Date Assigned:	10/27/2015	Date of Injury:	08/25/2006
Decision Date:	12/08/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	10/22/2015

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 67 year old female, who sustained an industrial injury on 8-25-06. Medical records indicate that the injured worker is undergoing treatment for degeneration of lumbar or lumbosacral spine intervertebral disc, lumbago, pelvic torsion with myofascial pain syndrome, multilevel lumbar sacral injury, multiple level facet impingements of the lumbar spine and depression. The injured worker is currently working. On (10-14-15) the injured worker complained of low back pain. The injured worker was noted to be upset and anxious due to her chronic pain and prolonged level of disability. The injured worker walked with a cane and her right upper extremity was held in a sling. Objective findings noted paravertebral muscle spasm and severe tenderness to palpation at facets lumbar three through sacral one. Range of motion was decreased. A straight leg raise was noted to be active 40 degrees bilaterally. Treatment and evaluation to date has included medications. Current medications include Pristiq and omeprazole. The Request for Authorization dated 10-1-15 included a request for an MRI of the lumbar spine and sacral region. The Utilization Review documentation dated 10-14-15 non-certified the request for an MRI of the lumbar spine and sacral region.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Lumbar Spine and Sacral Region: 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.