MAXIMUS Federal Services

Case Number:	CM15-0209545		
Date Assigned:	10/28/2015	Date of Injury:	01/30/2014
Decision Date:	12/15/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/23/2015

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 55 year old female, who sustained an industrial injury on 1-30-2014. Diagnoses include lumbar sprain-strain. Treatments to date include activity modification, NSAID and PPI, and an unknown number of physical therapy sessions. On 7-24-15, she complained of increasing low back pain with radiation down bilateral lower extremities. The physical examination documented decreased lumbar range of motion. There were abnormalities noted in strength and-or sensation of the lower extremities. The record documented "18 months from date of injury, therefore she has had therapy in the past, medications in the past, and has failed conservative care." The records did not include documentation of prior radiologic imaging of the lumbar spine having been obtained. The plan of care included a request to obtain a lumbar spine MRI. She was re-evaluated on 9-23-15, with no changes in condition documented. The appeal requested authorization for a lumbar spine MRI. The Utilization Review dated 10-2-15, denied the request.

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 without contrast as a outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low back, MRIs.

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

Decision rationale: 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. There are no documented red flag findings in complaints or exam. There is no noted new neurologic or motor dysfunction. Patient has reported had an MRI or unknown body parts done unknown time ago. There is no justification documented for why MRI of lumbar spine was needed. Documentation claims that patient has "failed" conservative care but has failed to document what has been attempted on what body part (since patient has multiple body parts as part of claim) and what the results of prior imaging. Documentation does not support request. MRI of lumbar spine is not medically necessary.