

Case Number:	CM15-0024393		
Date Assigned:	02/13/2015	Date of Injury:	11/15/1998
Decision Date:	04/15/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	02/09/2015

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, District of Columbia, Maryland
Certification(s)/Specialty: Anesthesiology, Pain Management

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 48-year-old female, with a reported date of injury of 11/15/1998. The diagnoses include lumbar degenerative disc disease and sciatica. Treatments have included lumbar spine fusion, oral medications, topical pain medication, and an x-ray of the lumbar spine on 01/23/2015. The progress report dated 12/12/2014 indicates that the injured worker had back pain, sciatic pain, and neck pain. An examination of the lumbar spine showed paraspinal spasm, trigger points at L5, bilateral sciatic nerve and iliac crest, reduced range of motion, abnormal sensory exam, normal motor exam, and normal deep tendon reflexes. The treating physician requested an MRI of the lumbar spine. The rationale for the request was not indicated. On 01/14/2015, Utilization Review (UR) denied the request for an MRI of the lumbar spine without contrast. The UR physician noted that there was no documentation of recent adequate conservative management addressing the injured worker's neck symptoms. The MTUS ACOEM Guidelines and the non-MTUS Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Lumbar Spine without Contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines

(ODG)- Treatment for Workers' Compensation, Online Edition Chapter: Neck and Upper Back (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 177.

Decision rationale: The RFA requesting this service notes that it is required prior to an appointment with [REDACTED], but no other rationale is given in the medical records available for my review. The progress note available for my review does not document progressive neurological change. ACOEM guidelines support ordering of imaging studies for emergence of red flags, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. The request is not medically necessary.