

Case Number:	CM15-0026423		
Date Assigned:	02/18/2015	Date of Injury:	03/30/2014
Decision Date:	03/30/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	02/11/2015

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: Physical Medicine & Rehabilitation

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 52 year old female who sustained an industrial injury on 03/30/2014. Current diagnoses include sprain/strain right wrist, lumbar sprain, disk degeneration, hypertrophy (facet)-lumbar, sprain bilateral knees, and bursitis left knee. Previous treatments included medication management, rest, and physical therapy. Report dated 01/06/2015 noted that the injured worker presented with complaints that included lumbar, bilateral knee, and right wrist/hand pain. Pain level was rated as 6-9 out of 10 on the visual analog scale (VAS) radiating from low back to thigh area. Physical examination noted limited lumbar range with positive SLR; however, did not identify for motor or sensory deficits. Utilization review performed on 01/12/2015 non-certified a prescription for MRI of the lumbar spine, based on the clinical information submitted does not support medical necessity. The reviewer referenced the ACOEM and Official Disability Guidelines in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines - Low Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): Chapter 12- Low Back Complaints, Imaging, pages 303-304.

Decision rationale: ACOEM Treatment Guidelines for the Lower Back Disorders, under Special Studies and Diagnostic and Treatment Considerations, states Criteria for ordering imaging studies such as the requested MR (EG, Proton) spinal canal and contents, Lumbar without contrast, include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports have not adequately demonstrated the indication for MRI of the Lumbar spine nor document any failed conservative trial with medications and therapy. Clinical exam did not demonstrate progressive finding changes nor identified specific myotomal/ dermatomal neurological deficits. Also, when the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The MRI for the Lumbar Spine is not medically necessary and appropriate.