

Case Number:	CM15-0217308		
Date Assigned:	11/09/2015	Date of Injury:	10/31/2013
Decision Date:	12/18/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	11/04/2015

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, Massachusetts

Certification(s)/Specialty: Preventive Medicine, Occupational 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 62-year-old female, with a reported date of injury of 10-31-2013. The diagnoses include lumbar spine sprain and strain. The progress report dated 09-28-2015 indicates that the injured worker complained of increased low back pain with radiation to the bilateral lower extremity. It was noted that the injured worker was unable to complete chiropractic treatment due to increased lumbar spine symptoms. The objective findings include tenderness to palpation of the bilateral lumbar spasm; positive straight leg raise; decreased sensation in the lumbar spine (L4-5) to the bilateral feet; lumbar flexion at 49 degrees; and lumbar extension at 10 degrees. It was noted that the injured worker was to return to usual and customary duties. The diagnostic studies to date have not been included in the medical records provided. Treatments and evaluation to date have included lumbar epidural steroid injection, and chiropractic treatment. The request for authorization was dated 09-28-2015. The treating physician requested an MRI of the lumbar spine. On 10-16-2015, Utilization Review (UR) non-certified the request for an 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 lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

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

Decision rationale: The injured worker has evidence of worsening radicular lumbar pain with physical exam findings suggesting possible involvement of the lumbar spinal nerves, including positive straight leg raise and decreased sensation. It is unclear if a previous MRI of the lumbar spine has been obtained, but based on the physical exam findings and continued radicular pain, MRI evaluation of the lumbar spine is appropriate to determine if there is disc pathology impinging on the spinal nerves. This study is important for clinical diagnosis and determining if lumbar epidural injections are warranted. The request is medically necessary.