

Case Number:	CM15-0030706		
Date Assigned:	02/24/2015	Date of Injury:	11/28/2014
Decision Date:	04/08/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/18/2015

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: Internal 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:

This 67 year old female sustained an industrial injury on 11/28/14, with subsequent neck, back pain and ankle pain. X-ray of the lumbar spine (11/29/14) showed severe L5-S1 disk space narrowing and severe degenerative changes of L4-5 and L5-S1 facet joints, right worse than left. Treatment included medications, work restrictions, warm and coal packs, massage, physical therapy and a back brace. In an office visit dated 1/23/15, current diagnoses were neck sprain/strain and lumbar sprain/strain. No physical exam was included for review. The treatment plan included continuing medications (Valsartan, Naproxen, Amlodipine, Coricidin, Ibuprofen, Lidoderm patch and Norco), no bending, pushing or lifting greater than 15 pounds and magnetic resonance imaging lumbar spine. On 1/30/15, Utilization Review noncertified a request for magnetic resonance imaging lumbar spine, citing CA MTUS Chronic Pain Medical Treatment Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

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, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304, 308-310.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses magnetic resonance imaging MRI of the lumbosacral spine. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints states that relying solely on imaging studies to evaluate the source of low back and related symptoms carries a significant risk of diagnostic confusion (false-positive test results). Table 12-8 Summary of Recommendations for Evaluating and Managing Low Back Complaints (Page 308-310) recommends MRI when cauda equina, tumor, infection, or fracture are strongly suspected and plain film radiographs are negative. The progress report dated 12/26/14 documented an evaluation of back complaints. Physical examination of the low back demonstrated that flexion, extension, and twisting range of motion were within normal limits. Musculoskeletal examination demonstrated no swelling or deformity. Motor strength was normal in the upper and lower extremities. Sensory examination was intact. The progress report dated 1/11/15 documented that the musculoskeletal examination demonstrated no swelling or deformity. Motor strength was normal in the upper and lower extremities. Sensory examination was intact. No neurologic deficit was documented on physical examination. No evidence of cauda equina, tumor, infection, or fracture was documented. The request for lumbar MRI magnetic resonance imaging is not supported by the medical records or MTUS guidelines. Therefore, the request for MRI of the lumbar spine is not medically necessary.