

Case Number:	CM15-0031099		
Date Assigned:	02/24/2015	Date of Injury:	10/21/2011
Decision Date:	04/21/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/19/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 is a 44 year old female patient, who sustained an industrial injury on 10/21/2011. The current diagnoses are lumbar disc herniation, chronic lumbar sprain, and lumbar neuritis. She sustained the injury while lifting boxes. According to the progress report dated 1/12/2015, she had complains of constant more than moderate to less than severe pain within the lumbar region with radiation into the lower kinetic chain. The physical examination of the lumbar spine revealed positive straight leg raising test on the left side, limited range of motion, myospasm and antalgic gait. The current medications list is not specified in the records provided. Prior diagnostic study reports were not specified in the records provided. Previous operative or procedure note related to the injury was not specified in the records provided. Other therapy for this injury was not specified in the records provided. The current plan of care includes spinal manipulation, electro-muscle stimulation, myofascial release and mechanical traction 2 x 4, augmented work conditioning/functional restoration 2 x 4, physician pharmacological management, random urinalysis testing and complete metabolic profile 3 x over six months, and 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 of the 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, Online Edition, Low Back Chapter, MRI.

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

Decision rationale: Request: MRI of the Lumbar spine. Per the ACOEM low back guidelines "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures)." The records provided do not specify any progression of neurological deficits for this patient. The history or physical exam findings do not indicate pathology including cancer, infection, or other red flags. Response to previous conservative therapy including physical therapy visits and pharmacotherapy is not specified in the records provided. A recent lumbar spine X-ray report is also not specified in the records provided. The MRI of the Lumbar spine is not medically necessary.