

Case Number:	CM15-0034792		
Date Assigned:	03/03/2015	Date of Injury:	01/15/2014
Decision Date:	05/01/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/24/2015

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: Arizona, 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:

The injured worker (IW) is a 32-year-old male who sustained an industrial injury on 01/15/2014. Diagnoses include lumbar myalgia, lumbar myospasm, left-sided lumbar neuritis/radiculitis and lumbar sprain/strain. Treatment to date has included medications, physical therapy (PT) and epidural steroid injections (ESI). Diagnostics performed to date included MRIs and x-rays. According to the Primary Treating Physician's Initial Orthopedic Evaluation dated 12/16/14, the IW reported constant low back pain radiating to the buttocks and left leg; he rated the pain 7/10 at rest and 10/10 when active. He also reported his back "locks". On examination, there was tenderness, guarding and spasm of the bilateral lumbar paravertebral muscles. The IW had about 50% improvement in pain after the ESIs and PT was not very helpful. A request was made for an MRI of the lumbar spine due to continued low back pain despite treatment.

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 (3.0 Tesla): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 309.

Decision rationale: According to the ACOEM guidelines, an MRI of the lumbar spine is recommended for red flag symptoms such as cauda equina, tumor, infection, or uncertain neurological diagnoses not determined or equivocal on physical exam. There were no red flag symptoms. There was no plan for surgery. The claimant had a prior MRI for which results were not provided. The request for an MRI of the lumbar spine is not medically necessary.