

Case Number:	CM15-0036616		
Date Assigned:	03/05/2015	Date of Injury:	05/13/2014
Decision Date:	04/09/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/26/2015

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, Arizona

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 25-year-old male who reported an injury on 05/13/2014. The mechanism of injury involved heavy lifting. The current diagnoses include lumbar myofascial pain and left disc disease with right sciatica. The injured worker presented on 01/21/2015 for a follow-up evaluation with complaints of 5/10 low back pain. The injured worker reported an improvement in symptoms with 6 physical therapy sessions as well as acupuncture treatment. The current medication regimen includes nabumetone and cyclobenzaprine. Upon examination of the lumbar spine, there was 85% of normal range of motion, normal gait pattern, intact sensation, and 5/5 motor strength with 2+ deep tendon reflexes. Straight leg raising on the right caused pain at 65 degrees. Recommendations at that time included an MRI of the lumbar spine. A Request for Authorization was then submitted on 01/21/2015.

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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 303-305.

Decision rationale: California MTUS/ACOEM Practice Guidelines state, 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. In this case, there was no documentation of a musculoskeletal or neurological deficit. With the exception of a positive straight leg raise, there was no evidence of lumbar radiculopathy. The medical necessity for the requested imaging study has not been established in this case. As such, the request is not medically appropriate.