

Case Number:	CM15-0036942		
Date Assigned:	03/05/2015	Date of Injury:	09/05/2009
Decision Date:	05/04/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/27/2015

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, Illinois
 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 male, who sustained an industrial injury on 09/05/2009. On provider visit dated 01/07/2015 the injured worker has reported lumbar and cervical spine pain. He was a noted to wear a back brace and to have lower back pain that radiates to the left groin and left medial leg. Examination of the lumbar spine revealed paralumbar muscles spasm more on the left than right, and a decreased range of motion. The diagnoses have included lumbar strain with left lumbar radiculopathy. Treatments have included shoulder surgeries, chiropractic care, physical therapy and medications. On 02/04/2015 Utilization Review non-certified MRI of Lumbar spine. The CA MTUS, ACOEM, Chronic Pain Medical Treatment Guidelines and ODG were cited.

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 Page(s): 289-290. Decision based on Non-MTUS Citation Official Disability Guidelines: Low back, Lumbar and Thoracic.

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

Decision rationale: The injured worker sustained a work related injury on 09/05/2009. The medical records provided indicate the diagnosis of lumbar strain with left lumbar radiculopathy. Treatments have included shoulder surgeries, chiropractic care,, physical therapy and medications. The medical records provided for review do not indicate a medical necessity for MRI of Lumbar spine. Although the records indicate evidence of neurological dysfunction, there is no documented evidence suggesting the neurological dysfunction is progressive. It is of note that this request has been made since 2013; it will be necessary to document what has changed since 2009 when the injured worker sustained the injury. The MTUS does not recommend over reliance on imaging in order to avoid diagnostic confusion. Additionally, the MTUS states, "Imaging studies should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated." Therefore, the requested treatment is not medically necessary.