MAXIMUS Federal Services

Case Number:	CM15-0054716		
Date Assigned:	03/30/2015	Date of Injury:	11/15/2012
Decision Date:	05/15/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/23/2015

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, North Carolina
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 is a 31 year old female, who sustained an industrial injury on 11/15/2012. She reported pain in her lower back, right hand and left knee. Treatment to date has included x-rays, physical therapy, MRI of the left knee, knee immobilizer and medications. According to the only progress report submitted for review and dated 09/10/2014, the injured worker complained of pain in her entire spine and pain, numbness and tingling in the left knee and right hand. Medications included Flexeril, Tramadol and Ibuprofen. Impression was noted as mild right carpal tunnel syndrome by physical examination, lumbosacral strain with radicular pain and chondromalacia patella left knee. The provider noted that if lumbar spine symptoms persisted that a MRI of the lumbar spine would be reasonable. Currently under review is the request for an 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 (magnetic resonance imaging) of the 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.

Decision rationale: The request is for an MRI of the LS spine in a patient diagnosed with lumbosacral strain with radicular symptoms. The patient is a 31 yo female injured in 2012 who complains of pain in her entire spine. The CA MTUS states, "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. Indiscriminate imaging will result in false positive findings, such as dusk bulges, that are not the source of painful symptoms and do not warrant surgery." Imaging studies should be reserved for patients in which surgery is considered or red-flag diagnoses are being evaluated. This patient has not undergone and failed a conservative course of treatment for low back pain, has no red-flag symptoms and is not a surgical candidate. In addition, there are no documented neurologic deficits on physical exam to justify ordering an MRI. Thus, the request of an MRI of the LS spine is not medically necessary or appropriate.