

Case Number:	CM15-0056769		
Date Assigned:	04/01/2015	Date of Injury:	09/03/2014
Decision Date:	05/05/2015	UR Denial Date:	03/14/2015
Priority:	Standard	Application Received:	03/25/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management, 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 57-year-old female who sustained a work related injury September 3, 2014. According to a doctor's first report of occupational injury or illness, dated September 3, 2014, the injured worker presented with low back pain after bending, lifting, and pulling, while trying to load a package. She was diagnosed with a lumbar strain, started with physical therapy and placed on modified work duty. According to an initial consultation report, dated February 23, 2015, the injured worker presented with right lower back pain radiating to the right buttock. The pain is described as achy and burning and rated 4-5/10. Impression/differential diagnoses are lumbar disc herniation; right lumbar radiculopathy; lumbar stenosis; lumbar degenerative disc disease; lumbar facet joint pain; right sacroiliac joint pain. Treatment recommendations included closed MRI of the lumbar spine and reinforced activity modifications.

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 without dye: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) MRI.

Decision rationale: ODG states that MRIs are overly sensitive in detecting degenerative changes and should be used for progressive neurologic deficit. The current clinical examination does not reveal any evidence of neurologic compromise. The mechanism of injury is described as lifting which is more consistent with a biomechanical strain. This request for a MRI of the lower back does not adhere to MTUS 2009 and there is no clinical information which provides extenuating circumstances for the MRI. There are no obvious red flag diagnoses or concerns mentioned in the medical record. This request for an MRI of the lumbar spine is medically unnecessary.