

Case Number:	CM15-0059056		
Date Assigned:	04/03/2015	Date of Injury:	01/20/2015
Decision Date:	05/04/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/27/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 43 year old female, who sustained an industrial injury on January 20, 2015. She reported pain in the lower back due to repetitive bending. The injured worker was diagnosed as having lumbosacral sprain and lumbar radiculopathy. Treatment to date has included chiropractic treatment, medications, back support and acupuncture. On March 3, 2015, the injured worker complained of low back pain with radiation to the bilateral lower extremities along with numbness and/or tingling in the lower extremities. The pain was described as sharp, dull, mild to moderately severe and intermittent. Notes stated that since the last exam, the injured worker's condition has not significantly improved. The treatment plan included an MRI, acupuncture, back support, chiropractic sessions, medications and work restrictions.

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 contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging).

Decision rationale: The claimant sustained a work-related injury in January 2015 and is being treated for low back pain with bilateral lower extremity radiating symptoms. Treatments have included medications and physical therapy. When seen, there was a normal neurological examination with negative straight leg raising. Applicable criteria for obtaining an MRI of the lumbar spine included uncomplicated low back pain, with radiculopathy, after at least 1 month of conservative therapy. In this case, the claimant has radicular symptoms but no reported physical examination findings of radiculopathy such as weakness, sensory loss, abnormal reflexes or positive neural tension signs. Therefore, the requested MRI scan is not medically necessary.