

Case Number:	CM15-0082616		
Date Assigned:	05/05/2015	Date of Injury:	11/21/2014
Decision Date:	06/03/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	04/29/2015

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 57 year old male, who sustained an industrial injury on November 21, 2014 in a forklift accident. The injured worker has been treated for head, neck, shoulder and back complaints. The diagnoses have included cervical disc herniation without myelopathy, lumbar disc displacement without myelopathy, thoracic disc displacement without myelopathy and post-concussion syndrome. Treatment to date has included medications, radiological studies, psychological testing, sleep studies, physical therapy, acupuncture therapy and a home exercise program. Current documentation dated March 9, 2015 and April 9, 2015 notes that the injured worker reported constant ongoing cervical, thoracic and lumbar spine pain. The lumbar spine pain radiated to the bilateral lower extremities. The injured worker also noted constant headaches and experienced blurry vision. Objective findings of the cervical spine revealed tenderness and spasms of the bilateral paraspinal muscles, sub-occipital muscles and bilateral upper shoulder muscles. Axial compression test was positive bilaterally for neurological compromise. A distraction test and compression test were positive. Lumbar spine and thoracic spine examination revealed tenderness and spasms of the paraspinal muscles. A Kemp's test and Yeoman's test were positive. The treating physician's plan of care included a 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 of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-310.

Decision rationale: Per the ACOEM, an MRI can be useful to identify and define low back pathology in disc protrusion and spinal stenosis. However, there are no red flags on physical exam. In the absence of physical exam evidence of red flags, a MRI of the lumbar spine is not medically indicated. The medical necessity of a lumbar MRI is not substantiated in the records.