

Case Number:	CM15-0087034		
Date Assigned:	06/16/2015	Date of Injury:	07/28/1993
Decision Date:	07/16/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	05/06/2015

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: 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 55 year old female, who sustained an industrial injury on 7/28/1993. The mechanism of injury is unknown. The injured worker was diagnosed as status post lumbar 5-sacral 1 spinal fusion with left lower extremity sacroiliitis. Lumbar x rays showed lumbar post fusion stability. Treatment to date has included surgery and medication management. In a progress note dated 3/6/2015, the injured worker complains of left sided low back pain with radiation to the knee. Physical examination showed left sided sacroiliac tenderness. The treating physician is requesting lumbar magnetic resonance imaging.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

MRI of lumbar spine without contrast: 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): 297, 303, 304, 309.

Decision rationale: The MTUS Guidelines do not recommend the routine use of MRI with low back complaints. MRI should be reserved for cases where there is physiologic evidence that tissue insult or nerve impairment exists, and the MRI is used to determine the specific cause. MRI is recommended if there is concern for spinal stenosis, cauda equine, tumor, infection or fracture is strongly suspected, and x-rays are negative. In this case, although the injured worker complains of low back pain with radiation to the knee, there is no objective evidence of radiculopathy on physical examination. Additionally, there is no indication of red flags and the injured worker is not a surgical candidate. The request for MRI of lumbar spine without contrast is determined to not be medically necessary.