

Case Number:	CM15-0087321		
Date Assigned:	05/12/2015	Date of Injury:	03/23/2015
Decision Date:	06/12/2015	UR Denial Date:	04/21/2015
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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 40 year old female who sustained an industrial injury on 03/23/2015. Current diagnoses include sprain/strain lumbar, sprain/strain thoracic, and pain in neck (cervicalgia). Previous treatments included medication management and chiropractic treatments. Report dated 04/13/2015 noted that the injured worker presented with pain in the cervical, thoracic, and lumbar. Pain level was not included. Physical examination was positive for tenderness in the thoracolumbar spine, diffuse tenderness to palpation cervical, thoracic, lumbar paraspinals, and decreased range of motion. Reflexes, motor strength, sensation were within normal range. There is a negative straight leg raise. #/26/15 x-rays of the lumbar area were negative. The treatment plan included a request for an MRI's of the cervical, thoracic, and lumbar spine due to failure to improve. Disputed treatments include MRI without contrast for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI w/o contrast 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): 303,304.

Decision rationale: MRI w/o contrast lumbar spine is not medically necessary per the ACOEM MTUS guidelines. The MTUS recommends imaging studies are reserved for cases in which surgery is considered, or there is a red-flag diagnosis. The guidelines state that 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. The documentation submitted does not reveal progressive neurologic deficits or a red flag diagnoses. The request for a lumbar MRI is not medically necessary