

Case Number:	CM15-0087471		
Date Assigned:	05/11/2015	Date of Injury:	02/05/2015
Decision Date:	06/12/2015	UR Denial Date:	04/27/2015
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: Pennsylvania

Certification(s)/Specialty: Family Practice

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 33-year-old female who sustained an industrial injury on 2/5/15. The injured worker was diagnosed as having overexertion/strenuous movements, sprains/strains thoracic and lumbar strain. Currently, the injured worker was with complaints of lumbar pain with radicular symptoms to the lower extremities. Previous treatments included acupuncture treatment, activity modification and medication management. Objective findings were notable for paraspinous thoracolumbar tenderness upon palpation and pain on forward flexion. The plan of care was for a 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): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303 and 309.

Decision rationale: This worker denies lower extremity radicular pain. Physical exam revealed no neurological deficits. The Occupational Medicine Practice Guidelines state, "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 and who would consider surgery as an option. When the neurologic evidence is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." In this case, there is no evidence of neurologic dysfunction. MRI is also indicated, "When cauda equina, tumor, infection, or fractures are strongly suspected and plain film radiographs are negative." There is no indication in the record, that this is the case. Therefore, the request is not medically necessary.