

Case Number:	CM15-0089574		
Date Assigned:	05/13/2015	Date of Injury:	08/28/2013
Decision Date:	06/23/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	05/11/2015

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: 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 41 year old female, who sustained an industrial injury on 8/28/2013. Diagnoses include lumbar sprain/strain. Treatment to date has included medications, chiropractic care and one epidural injection. Per the Primary Treating Physician's Progress Report dated 4/03/2015, the injured worker reported intermittent moderate sharp low back pain associated with sitting, standing and walking with relief from medication. Physical examination revealed tenderness to palpations of the L5-S1 spinous process and lumbar paravertebral muscles. Kemp's causes pain. Straight leg raise is negative. The plan of care included chiro-therapy, acupuncture, medications and diagnostic imaging and authorization was requested for magnetic resonance imaging (MRI) 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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
 Page(s): 303-304.

Decision rationale: According to ACOEM guidelines, imaging of the low back should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. Red flags consist of fracture, tumor, infection, cauda equina syndrome/saddle anesthesia, progressive neurologic deficit, dissecting abdominal aortic aneurysm, renal colic, retrocecal appendix, pelvic inflammatory disease, and urinary tract infection with corresponding medical history and examination findings. In this case, the medical records do not establish positive physical examination findings in a dermatomal or myotomal pattern to cause suspicion for radiculopathy stemming from the lumbar spine. In the absence of documented radiculopathy or red flags, advanced imaging studies would not be supported. The request for MRI of the Lumbar Spine is not medically necessary and appropriate.