

Case Number:	CM15-0009686		
Date Assigned:	01/27/2015	Date of Injury:	11/28/2014
Decision Date:	06/19/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/16/2015

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: Physical Medicine & Rehabilitation

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 66 year old female, who sustained an industrial injury on November 28, 2014. She reported neck pain, low back pain, left ankle pain, right shoulder pain, bilateral foot pain. The injured worker was diagnosed as having sprain/strain of the knee and leg, thoracic sprain and lumbago. Treatment to date has included diagnostic studies, physical therapy, back orthotics, medications and work restrictions. Currently, the injured worker complains of continued neck pain, low back pain, left ankle pain, right shoulder pain and bilateral foot pain. The injured worker reported an industrial injury in 2014, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. Left foot, right clavicle and left clavicle series on November 19, 2014, revealed no fracture or boney abnormalities. The lumbar spine series revealed degenerative changes and abnormalities. Evaluation on December 3, 2014, revealed continued pain. A magnetic resonance image of the lumbar spine was requested.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, MRI.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, MRI.

Decision rationale: Per the 12/26/14 progress report the patient presents with lower back pain s/p fall on 11/28/14. Her listed diagnoses include lumbago. The current request is for MRI OF THE LUMBAR SPINE. The RFA is not included; however, the 01/05/15 utilization review states it is dated 12/26/14. As of 11/29/14 the patient's work status is modified duty; however, the reports do not state if the patient is currently working. ODG guidelines Low Back Chapter MRI Topic, state that, MRIs are test of choice for patients with prior back surgery, but for uncomplicated low back pain, with radiculopathy, not recommended until after at least one month conservative therapy, sooner if severe or progressive neurologic deficit. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). The treating physician does not explain the reason for this request. In this case, the reports provided for review do not provide clinical evidence of neurologic deficits. No radicular symptoms are described either. The 12/26/14 progress report is only partially legible stating normal motor and sensory findings of the upper and lower extremities. There is no evidence of any red flags, progressive or significant neurologic deficits to warrant an MRI of L-spine. The request IS NOT medically necessary.