

Case Number:	CM15-0011709		
Date Assigned:	01/29/2015	Date of Injury:	07/07/2014
Decision Date:	03/18/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/20/2015

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 36 year old male patient, who sustained an industrial injury on 07/07/2014. A primary treating office visit dated 12/01/2014 reported a chief complaint of right lumbar axial pain. His pain is described as diffuse right lower lumbar, paramidline, sharp, throbbing pain that is exacerbated with bending and twisting motions. He has undergone physical therapy as well as had antiinflammatory medications without any resolution of symptoms. He is noted with having had prior left knee surgery. Physical examination found lumbar spine range of motion at 20 degree of forward flexion, 10 degrees of extension, 10 degrees of lateral flexion bilaterally. There is diffuse tenderness in the lumbar paraspinals on the right. There are positive Waddell's signs. Radiographic study performed that day revealed 5 non rib bearing lumbar vertebral segments and normal alignment of vertebrae. The impression noted ongoing lumbar axial pain, possibly due to lumbar disc herniation. The plan of care involved requesting a magnetic resonance image of lumbar spine ruling out possible herniation. On 12/19/2014 Utilization Review non-certified the request, noting the ACOEM Guidelines was cited. The injured worker submitted an application for independent medical review of the requested service.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar MRI: 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): 303.

Decision rationale: MTUS Guidelines do not support the use of MRI studies unless there is red flag conditions, neurological compromise suspected or it is necessary for procedural planning. Plane films were reported be negative, however it is unclear if these included flexion/extension views. No neurological changes are reported and no red flag conditions are suspected. The medical justification for the request is to see if there is a disc injury. There is no documentation how this would change treatment given the lack of neurological changes. Under these circumstances Guidelines do not support MRI imaging. The request for the lumbar MRI is not medically necessary.