

Case Number:	CM15-0013751		
Date Assigned:	02/02/2015	Date of Injury:	01/16/2012
Decision Date:	03/24/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	01/23/2015

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: North Carolina, Georgia
 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 23 year old left hand dominant male, who sustained a work/ industrial injury as a grocery stocker on 1/16/12. Mechanism of injury was not provided in the documentation provided. He has reported symptoms of a flare up of pain that involved the low back and legs on 12/31/14. Pain was rated 5-8/10 and varied depending on activities performed. Prior medical history was non-contributory. A fall on 6/12/13 exacerbated the low back condition. The diagnoses have included lumbosacral disc injury, lumbosacral radiculopathy, lumbosacral sprain and strain injury and broad-based central disc protrusion of 4 mm at level L5-S1. The physician's exam showed local tenderness with myofascial trigger point in the lumbosacral paraspinal and gluteal region. There was positive straight leg raise test in the left leg. The IW walked with a limp. The initial treatment plan included conservative treatment, physical therapy, lumbar epidural steroid injections, and chiropractic care. The Magnetic Resonance Imaging (MRI) from 2/2012 demonstrated desiccation of the L5-S1 disc with left posteriolateral disc protrusion impinging on the left S1 nerve root with diagnosis of lumbar disc herniation L5-S1, left S1 radiculopathy. Surgery was advised for a laminectomy/microdiscectomy. Medications included Mobic, Tramadol, and a muscle relaxer. A request was made for a MR I of the lumbar spine. On 1/12/15, Utilization Review non-certified a Magnetic Resonance Imaging (MRI) of the lumbar spine, noting the California Medical treatment Utilization Schedule (MTUS) and American College of Occupational and Environmental Medicine (ACOEM) Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging) 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.

Decision rationale: ACOEM chapter on back complaints describes that MRI is indicated when there are unequivocal objective findings of specific nerve compromise in a person with symptoms who do not respond to treatment and for whom surgery would be a reasonable intervention. The medical record describes a persistence of back pain symptoms with no focal neurologic deficits and describes no plans for surgical intervention. There is no indication of any significant change in neurologic exam since the last documented MRI in 2012 and therefore no medical indication for MRI for lumbar spine at this time.