

Case Number:	CM15-0016607		
Date Assigned:	02/05/2015	Date of Injury:	05/01/2014
Decision Date:	03/20/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	01/28/2015

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 23 year old male injured worker suffered and industrial injury on 5/1/2014. The diagnoses were cervical and lumbar radiculopathy with strain/sprain. The diagnostic studies were lumbar spine magnetic resonance imaging, and electromyography. The treatments were medications and chiropractic therapy. The treating provider reported severe neck and back pain with tingling in the left side of the neck 8/10 with radiation to the left arm to the hand. The back pain radiated to the left lower leg to the calf and he is reported to have diminished sensation L3-5 on the left side. On exam the cervical and lumbar spine range of motion was restricted. The Utilization Review Determination on 1/15/2015 non-certified magnetic resonance imaging of the lumbar spine without contrast, citing MTUS, ACOEM.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Lumbar Spine Without Contrast: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

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

Decision rationale: MTUS Guidelines support lumbar MRI studies if there has been no improvement with conservative care and there are clear signs of a radiculopathy. The injury is 8 months ago and symptoms have not improved. Per Guideline standards, the complaints of a left sided numbness and pain radiating into the left leg in addition reported sensory changes on physical exam qualifies for MRI studies at this point in time. The lumbar MRI without contrast is medically necessary.