

Case Number:	CM15-0018899		
Date Assigned:	02/06/2015	Date of Injury:	02/10/2009
Decision Date:	03/30/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/02/2015

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 42-year-old male who reported an injury on 02/10/2009. The mechanism of injury involved a fall. The current diagnoses include myofascial pain syndrome, low back strain, lumbar degenerative disc disease, depression and back ache. The injured worker presented on 10/07/2014 with complaints of severe low back pain. The injured worker has been previously treated with physical therapy, chiropractic therapy and lumbar epidural steroid injections. The current medication regimen includes Cymbalta, omeprazole, hydrocodone, Anaprox, tramadol and gabapentin. Upon examination, there was tenderness to palpation, an inability to perform range of motion, positive straight leg raise on the left and diminished deep tendon reflexes. Recommendations at that time included an MRI of the lumbar spine. There was no Request For Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat MRI, lumbar spine QTY: 1.00: 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): 303-305.

Decision rationale: California MTUS/ACOEM Practice Guidelines state, if physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test. In this case, there was no documentation of a progression or worsening of symptoms or physical examination findings. Although it is noted that the injured worker was initially treated with physical therapy and chiropractic management, there was no evidence of a recent attempt at any conservative treatment. Given the above, the request is not medically appropriate at this time.