MAXIMUS Federal Services

Case Number:	CM15-0120656		
Date Assigned:	07/01/2015	Date of Injury:	11/06/2014
Decision Date:	07/30/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/22/2015

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: Emergency 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:

This is a 55 year old female with a November 6, 2014 date of injury. A progress note dated May 18, 2015 documents subjective complaints (pain in the lower back and buttocks area; ankle has some aching but is doing better; left elbow still bothers her), objective findings (lateral epicondylitis on the left side; significant discomfort right at the sciatic notch; straight leg raise makes pain worse), and current diagnoses (lower back pain with probable irritation of the sciatic nerve; lateral epicondylitis, left; left ankle sprain). Treatments to date have included physical therapy that has not helped; medications that have not helped, and magnetic resonance imaging of the lumbar spine (February 7, 2015; showed lipomas versus hemangiomas, disc protrusions at multiple levels, and bilateral neural foraminal narrowing).The treating physician documented a plan of care that included a magnetic resonance imaging of the lower back.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the low back: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The requested MRI of the low back, is not medically necessary. CA MTUS, ACOEM 2nd Edition, 2004, Chapter 12, Lower Back Complaints, Special Studies and Diagnostic and Therapeutic Considerations, Pages 303-305, recommend imaging studies of the lumbar spine with "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." The injured worker has subjective complaints (pain in the lower back and buttocks area; ankle has some aching but is doing better; left elbow still bothers her), objective findings (lateral epicondylitis on the left side; significant discomfort right at the sciatic notch; straight leg raise makes pain worse). The treating physician has not documented deficits in dermatomal sensation, reflexes or muscle strength, nor evidence of an acute clinical change since the previous imaging study. The criteria noted above not having been met, MRI of the low back, is not medically necessary.