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| Case Number: | CM15-0121733 | | |
| Date Assigned: | 07/06/2015 | Date of Injury: | 06/04/2013 |
| Decision Date: | 07/31/2015 | UR Denial Date: | 06/11/2015 |
| Priority: | Standard | Application Received: | 06/23/2015 |

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: California

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 49 year old female who sustained an industrial /work injury on 6/4/13. She reported an initial complaint of neck and back pain. The injured worker was diagnosed as having cervical stenosis and sciatica. Treatment to date included medication and diagnostics. Currently, the injured worker complained of cervical and low back pain that was much improved with pre-op but has low back and right leg pain. Per the primary physician's report (PR-2) on 5/20/15, examination revealed normal cervical range of motion, normal upper extremity muscle strength and deep tendon reflexes, normal sensory dermatomes in C5-T1. There were moderate bilateral paraspinal spasms with tenderness at the midline lumbar, lumbosacral junction. Lumbar spine range of motion was normal neurological exam to the lower extremities with sensory decrease at L4. There is positive straight leg raise on right at 30 degrees. The requested treatments include MRI of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI 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): Table 12-1 and Algorithm 12-3.

Decision rationale: The MTUS/ACOEM Guidelines comment on the evaluation of patients with low back complaints. The key issue in this case is whether there is justification for repeat imaging; as the patient has had a prior MRI of the Lumbar Spine on 8/28/2013 which showed evidence of degenerative disc disease. Table 12-1 of the MTUS guidelines describes the red flags for potentially serious underlying conditions. The most recent office visit in the records is dated 5/20/2015. There is no evidence in this visit that the patient has any of the above cited red flag signs or symptoms. Algorithm 12-3 of the MTUS guidelines describes the evaluation of slow-to-recover patients with occupational low back complaints. The rationale for imaging studies is in part based on documented evidence of neurologic compromise. At the above noted office visit, there were no complaints suggestive of neurologic compromise. Further, the examination was remarkable for normal/symmetric deep tendon reflexes, normal sensation in the lower extremities and full/symmetric strength of the lower extremities. Without evidence of neurologic compromise and with none of the above cited red flag symptoms, there is no evidence for the need to repeat an MRI study of the lumbar spine. This test is not considered as medically necessary.