

Case Number:	CM15-0121833		
Date Assigned:	07/06/2015	Date of Injury:	04/30/2015
Decision Date:	08/07/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/24/2015

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 46 year old female, who sustained an industrial injury on 4/30/2015. She reported a slip and fall, striking her right buttock and tailbone, and twisting as she braced her fall. The injured worker was diagnosed as having back pain, contusion of back, and disorders of sacrum. Treatment to date has included x-rays, Toradol injection, physical therapy, and medications. Currently (5/20/2015), the injured worker complains of back pain, rated 8/10, with radiation to the right buttock. Symptoms were documented as mildly improving with physical therapy. Exam of the lumbosacral spine noted tenderness to palpation. Medications included Naproxen and Cyclobenzaprine. Her work status was modified with restrictions. The requested treatment included magnetic resonance imaging of the lumbar spine. A previous progress report (5/13/2015) noted back pain, rated 8/10, with denial of numbness or sensation changes of her legs or loss of bowel/bladder control. She did not have therapy or use heat, with recommendation for physical therapy.

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 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.

Decision rationale: This patient receives treatment for low back pain that arose as a result of a work-related injury on 04/30/2015. The patient has low back pain with radiation into the R buttock and the tailbone area. On physical exam, there is tenderness to palpation in the lower back. The patient received physical therapy and experienced a reduction in the severity of the symptoms. There are no signs of absent reflexes or a dermatomal pattern of a sensory deficit or motor deficit. There are no clinical red flags, such as signs of bone infection, discitis, primary or metastatic disease of the spine, or osteomyelitis. Back surgery is not planned. A lumbar MRI is not medically necessary.