

Case Number:	CM15-0122396		
Date Assigned:	07/06/2015	Date of Injury:	10/07/2014
Decision Date:	08/06/2015	UR Denial Date:	05/19/2015
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: Physical Medicine & Rehabilitation, Pain Management

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 48 year old female who sustained an industrial injury on 10/7/14 when a door knob was pushed into her low back and she had severe pain. She currently complains of right leg pain radiating from lower back and right knee pain. On physical exam there was mild tenderness on palpation of the lumbar spine L4-5 and right sacroiliac joint; right knee reveals tenderness in the medial to lateral joint line. Medications are trazodone, Sentra, baclofen, naproxen. Diagnoses include lumbar disc degeneration; lumbar radiculopathy; right knee sprain; bursitis of right pes anserinus bursa. Diagnostics include right knee x-ray (1/22/15) showing mild osteoarthritis; MRI of the lumbar spine (12/12/14) showing chronic degenerative changes. On 5/19/15 Utilization Review evaluated the request for 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, lumbar spine w/o contrast: 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): 303-4.

Decision rationale: Regarding the request for lumbar MRI, Occupational Medicine Practice Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and would consider surgery an option. Within the documentation available for review, there is no identification of any objective findings that identify specific nerve compromise on the neurologic exam. In the absence of clarity regarding those issues, the currently requested lumbar MRI is not medically necessary.