

Case Number:	CM15-0123482		
Date Assigned:	07/07/2015	Date of Injury:	03/30/2015
Decision Date:	08/11/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/26/2015

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, North Carolina
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 60-year-old male who sustained an industrial injury on 3/30/15. The mechanism of injury was a lifting incident with acute onset of low back pain. He has a prior history of low back pain that involved nerve root impingement for which he received epidural steroid injections with complete relief of symptoms. He currently complains of low back pain that is steadily diminishing. He is currently pain free but generally, his pain level is 2/10, which is down from 7/10. He has discontinued the Flexeril because of voiding difficulties. On physical exam, there was very mild tenderness on palpation over the lower lumbar spine and left S1 area with normal range of motion. Diagnoses include lumbar sprain; low back pain. Treatments to date include physical therapy; medication. Diagnostics include x-ray of the lumbar spine (4/28/15) showing mild multilevel lumbar spondylosis. In the progress note, dated 6/2/15 the treating provider's plan of care includes an 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 without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, MRI.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304, tables 12-1 &12-8.

Decision rationale: ACOEM Guidelines support lumbar MRIs is the setting of red flag conditions, an objective finding of radiculopathy, failed conservative treatment, along with a realistic surgical plan. In this case, the criteria for a lumbar MRI are not met. The claimant suffered an acute injury to the low back on 2/30/15 and has been treated conservatively with physical therapy and medications. His symptoms of low back pain have significantly improved (from a 7/10 to 2/10). There is no rationale given for the necessity of an MRI of the lumbar spine. Therefore, the request is deemed not medically necessary.