

Case Number:	CM15-0123670		
Date Assigned:	07/31/2015	Date of Injury:	10/25/2014
Decision Date:	08/31/2015	UR Denial Date:	06/01/2015
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

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The injured worker is a 49 year old female who sustained an industrial injury on 10-25-14. Initial complaints include sudden onset of right lower back pain radiating to the right leg and foot. Initial diagnoses include sciatica of right side, and low back pain. Treatments to date include chiropractic care. Diagnostic studies include x-rays of the lumbar spine. Current complaints include lumbar spine pain and right lower extremity numbness. Current diagnoses include lumbar spine sprain strain with right lower extremity radiculopathy. In a progress note dated 05-15-15 the treating provider reports the plan of care as a MRI of the lumbar spine, acupuncture, and a lumbar spine traction unit, as well as medications including tramadol and diclofenac. The requested treatments include a 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 Page(s): 303, 53.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 297, 303, 304, and 309.

Decision rationale: The MTUS Guidelines do not recommend the routine use of MRI with low back complaints. MRI should be reserved for cases where there is physiologic evidence that tissue insult or nerve impairment exists, and the MRI is used to determine the specific cause. MRI is recommended if there is concern for spinal stenosis, cauda equine, tumor, infection or fracture is strongly suspected, and x-rays are negative. In this case, there is no objective evidence nerve impairment and there are no other red flags that would warrant a lumbar MRI. The request for MRI of the lumbar spine is not medically necessary.