

Case Number:	CM15-0123836		
Date Assigned:	07/08/2015	Date of Injury:	03/19/2015
Decision Date:	08/04/2015	UR Denial Date:	06/22/2015
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 34 year old female who sustained an industrial injury to her lower back on 03/19/2015 while pulling a pallet of dog food. The injured worker was diagnosed with sciatica, neuralgia or neuritis of the sciatic nerve, lumbago and lumbalgia. Treatment to date has included conservative measures, physical therapy and medications. According to the primary treating physician's progress report on June 14, 2015, the injured worker continues to experience low back pain. Examination demonstrated tenderness to palpation over the spinous process with paraspinal muscle tenderness. Range of motion was documented at 40 degrees flexion and 5 degrees extension with normal bilateral lateral bending. Straight leg raise was negative supine and sitting. There was no weakness noted of the extensor hallucis longus muscle and deep tendon reflexes were intact. Current medication is noted as Flexeril. Treatment plan consists of modified work duties and the current request for a lumbar magnetic resonance imaging (MRI).

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient MRI lumbar: 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): 297, 303, 304, 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. There is no evidence of nerve impairment on physical exam of the injured worker, therefore, the request for outpatient MRI lumbar is not medically necessary.