

Case Number:	CM15-0124679		
Date Assigned:	07/09/2015	Date of Injury:	02/12/2015
Decision Date:	08/05/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	06/29/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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:

This 51-year-old man sustained an industrial injury on 2/12/2015 after being involved in a motor vehicle accident while sleeping in the sleeper of a truck when the truck rolled over. The worker received immediate medical attention including medications and crutches. Evaluations include undated cervical spine x-rays, lumbar spine x-rays, pelvic x-rays, and bilateral knee x-rays. Diagnoses include cervical degenerative disc disease, cervical spine sprain/strain, lumbar spine sprain/strain, lumbar spine degenerative disc disease, right hip sprain/strain rule out internal derangement, and right knee injury rule out internal derangement. Treatment has included oral medications, psychological treatment, and physical therapy. Physician notes on a doctor's first report of occupational injury or illness form dated 5/12/2015 show complaints of intermittent neck pain with radiation to the mid back, low back pain with radiation to the mid back and numbness and tingling to the right foot, right hip pain, and right knee pain. Recommendations include MRIs of the lumbar spine, right hip, and right knee, and follow up in six weeks.

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: 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): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back-MRIs (magnetic resonance imaging).

Decision rationale: MRI of the lumbar is not medically necessary per the ACOEM MTUS guidelines. The MTUS recommends imaging studies are reserved for cases in which surgery is considered, or there is a red-flag diagnosis. The 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. The ODG recommends a lumbar MRI when there is a suspected red flag condition such as cancer or infection or when there is a progressive neurologic deficit. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, and recurrent disc herniation). The documentation submitted does not reveal progressive neurologic disease or a red flag diagnoses. The request for a lumbar MRI is not medically necessary.