MAXIMUS Federal Services

Case Number:	CM15-0125072		
Date Assigned:	07/09/2015	Date of Injury:	03/23/2015
Decision Date:	08/25/2015	UR Denial Date:	06/19/2015
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: Massachusetts
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 34 year old female who sustained an industrial injury on 3-23-15. Diagnoses are sprain-strain lumbar region, lumbago, and pain in joint lower leg. In a progress report dated 4-27-15, the primary treating physician notes the injured worker states she fell at work and her left leg folded and she landed on it. She complains of left lower leg pain that radiates from her ankle up into her lower back. Pain is rated at 7 out of 10. In a progress report dated 6-10-15, the primary treating physician notes the injured worker states the pain is nonstop now and she has had no improvement after 3 sessions of physical therapy. She complains of it getting worse and still has tingling and burning of the left leg. Medications are Tylenol and Tramadol. An allergy to non-steroidal anti-inflammatory drugs is noted. Objective findings are a normal gait and she is able to flex to her ankle with moderate stiffness and it is tender. Sensation is intact; no weakness is noted of the legs. Straight leg raise is negative. The treatment plan is for an MRI and a spine specialist consult. Work status is to return to full duty on 6-10-15. The requested treatment is 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 spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging).

Decision rationale: The claimant sustained a work injury in March 2015 and is being treated for low back and left leg pain. When seen, she was having constant pain. There did no improvement after three sessions of physical therapy. She was having left leg tingling and burning. Physical examination findings included a normal gait. She had stiffness and tenderness with spinal flexion. There was a normal neurological examination with negative straight leg raising. Applicable criteria for obtaining an MRI would include a history of trauma with neurological deficit, when there are red flags such as suspicion of cancer or infection, or when there is radiculopathy with severe or progressive neurologic deficit. In this case, there is no identified new injury and the claimant's neurological examination is normal. There are no identified red flags that would support the need for obtaining an MRI scan which is not medically necessary.