

Case Number:	CM15-0126383		
Date Assigned:	07/13/2015	Date of Injury:	11/20/2006
Decision Date:	08/11/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/01/2015

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 male, who sustained an industrial injury on 11/20/2006. The injured worker was noted to have fallen out to the back of a truck carrying a heavy object, tripping over than object on the floor, developed rib fractures and continued to have pain. On provider visit dated 05/19/2015 the injured worker has reported low back pain. On examination of the lumbar spine revealed a painful range of motion. Painful sacroiliac joint was noted on the left, straight leg raise was positive on the left, and gait was noted as limp. The diagnoses have included chronic back pain, bulging lumbar disc, lumbar spine spondylosis, myalgia and myositis-unspecified and spasm of muscle. Treatment to date has included SI injections, medications, physical therapy, and steroid injections. The provider requested MRI of lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of Lumbar Spine: 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, 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 documentation of lumbar x-rays and there is only limited evidence of possible nerve impairment. The request for MRI of lumbar spine is determined to not be medically necessary.