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| Case Number: | CM15-0127312 | | |
| Date Assigned: | 07/14/2015 | Date of Injury: | 04/16/2015 |
| Decision Date: | 08/07/2015 | 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: Arizona, California

Certification(s)/Specialty: Family Practice

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 60 year old male, who sustained an industrial injury on 4/16/15. He reported right knee and low back pain. The injured worker was diagnosed as having lumbar radiculopathy and lumbar sprain/strain. Treatment to date has included the use of a lumbar support, physical therapy, and medication. Physical examination findings on 4/17/15 included tenderness of the thoracolumbar spine and paravertebral musculature at L5-S1. Decreased lumbar range of motion was also noted. Currently, the injured worker complains of low back pain with radiation to the right lower extremity. The treating physician requested authorization for 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 (magnetic resonance imaging) 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): 309.

Decision rationale: According to the ACOEM guidelines, an MRI of the lumbar spine is recommended for red flag symptoms such as cauda equina, tumor, infection, or uncertain neurological diagnoses not determined or equivocal on physical exam. There were no red flag symptoms. There was no plan for surgery. In this case, there are no radicular signs, muscle atrophy, sensory deficits, etc. The request for an MRI of the lumbar spine is not medically necessary.