

Case Number:	CM15-0128743		
Date Assigned:	07/15/2015	Date of Injury:	01/01/2000
Decision Date:	08/25/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	07/02/2015

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, North Carolina
 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 55 year old female who sustained an industrial injury on 01/01/2000. Mechanism of injury was not found in documentation presented. Diagnoses include lumbar spine degenerative disc disease, lumbar radiculopathy, lumbar spine spondylosis with facet and sacrolitis, and cervical spondylosis and shoulder pain. Treatment to date has included diagnostic studies, medications, trigger point injections, and physical therapy. Her medications include Tramadol, Trazodone hydrochloride, Cyclobenzaprine, Acyclovir, diazepam, Hydrocodone-Acetaminophen, Alendronate Sodium and Lidocaine 5% patch. A physician progress note dated 05/20/2015 documents the injured worker complains of an exacerbation of low back and sacral pain. She rates her pain as a 6 out of 10 and it radiates down the lower extremities. She has muscle weakness, back pain and muscle aches. There is focal tenderness of the cervical, lumbar and sacral paraspinals. Range of motion is decrease. Pain is present with cervical and lumbar and sacral facet loading. The treatment plan includes a trigger point injections to the trapezius, and obtaining x rays and physical therapy notes. Treatment requested is for MRI lumbar spine without contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI lumbar spine without contrast: 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): 303-305.

Decision rationale: ACOEM Guidelines state special studies may be necessary when unequivocal objective findings that identify specific nerve compromise on the neurologic exam provide sufficient evidence to warrant imaging patients who do not respond to treatment and who would consider surgery as an option. In this case, the patient has an exacerbation of low back and sacral pain radiating down both legs. The patient has been diagnosed with degenerative disc disease of the lumbosacral spine with associated radiculopathy. The records submitted do not document a change in symptoms or progressive neurologic deficit to warrant an MRI. No documentation of red flags, recent trauma or concerns for fracture, malignancy or infection are stated. Therefore, the request for an MRI is not medically necessary.