

Case Number:	CM15-0170098		
Date Assigned:	09/10/2015	Date of Injury:	03/09/2011
Decision Date:	12/03/2015	UR Denial Date:	07/30/2015
Priority:	Standard	Application Received:	08/31/2015

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 49 year old female who sustained an industrial injury 03-09-11. A review of the medical records reveals the injured worker is undergoing treatment for residuals of sprain of the lumbar spine, pain in the bilateral shoulders, numbness and tingling of the bilateral hands, headaches, depression, anger, anxiety, and unusual stress. Medical records (06-09-15) reveal the injured worker complains of bilateral shoulder, wrist, and neck pain rated at 3/10, bilateral elbow pain rated at 2/10, thoracic pain rated at 4/10, lumbar spine pain rated at 5/10, and bilateral knee pain rated at 3-8/10. The physical exam (06-09-15) reveals clicking at L4-5 with forward flexion, restricted range of motion, and muscle guarding and tightness. Her gait is hesitant and very small because one-legged standing causes pain. Prior treatment includes left knee surgery, left shoulder surgery, epidural steroid injection, physical therapy, ultrasound, heat and cold, massage, exercise program, chiropractic care, Terocin and Dendracin creams, Ketoprofen, and Trazadone. The treating provider (09-06-15) reports x-rays of the lumbar spine shows degenerative changes at L4-5, anterior translation of L5-S1 with grade I spondylosis and sacroilitis, along with facet arthropathy. There is no discussion of a Lumbar spine MRI. The original utilization review (07-30-15) non-certified the request 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:

One MRI without contrast for the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation (ODG-TWC) ODG Treatment Integrated Treatment/Disability Duration Guidelines Low Back - Lumbar & Thoracic (Acute & Chronic) (updated 07/17/15).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Summary.

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. A prior MRI of the lumbar spine in 2011 indicated nerve root compromise at L5-S1. There were no new red flag symptoms. There was no plan for surgery at this time and muscle relaxants were recommended. The request for an MRI of the lumbar spine is not medically necessary.