MAXIMUS Federal Services

Case Number:	CM15-0178031		
Date Assigned:	09/14/2015	Date of Injury:	07/15/2015
Decision Date:	10/15/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/10/2015

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 47-year-old female, who sustained an industrial injury on July 15, 2015. The injured worker was diagnosed as having lumbar sprain and strain. Medical records (August 5, 2015 to August 7, 2015) indicate ongoing, intermittent lumbar spine pain, which is rate 8-9 out of 10. Associated symptoms include radiation of back pain to the leg. Lifting aggravates her pain and rest decreases her pain. Per the treating physician (August 7, 2015 report), the employee is to return to work with restrictions that include frequent change of position as tolerated, limited stooping and bending for 2 hours per day, and limited lifting, pushing, and pulling up to 10 pounds. In addition, the injured worker must wear a back brace. The physical exam (August 7, 2015) reveals resolved spasms of the thoracolumbar spine and paravertebral musculature, resolved tenderness to palpation of the thoracolumbar spine, and continued tenderness to palpation of the paravertebral musculature and restricted range of motion-flexion with the fingertips approximating the knee. There is heel and toe walking without difficulty, 2 out of 4 deep tendon reflexes of the bilateral patellae and Achilles, and negative straight leg raise testing. Per the treating physician (August 5, 2015), x-rays of the lumbar spine were normal on preliminary review. Treatment has included work restrictions, a lumbar support, a heat pad, and medications including steroid, pain, muscle relaxant, and non-steroidal anti-inflammatory. On August 5, 2015, the requested treatments included 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 of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

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

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 evidence of nerve impairment on physical exam. There is also no evidence of red flags in this case that would warrant a lumbar MRI. The request for MRI of the lumbar spine is determined to not be medically necessary.