

Case Number:	CM15-0020054		
Date Assigned:	02/09/2015	Date of Injury:	11/03/2013
Decision Date:	05/29/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	02/03/2015

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, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 56-year-old female who reported an injury on 11/03/2013. The mechanism of injury was not specifically stated. The injured worker is diagnosed with a lumbar strain as well as rule out lumbar spine stenosis. The injured worker presented on 12/17/2014 with complaints of numbness and tingling in the right lower extremity with constant low back pain and a loss of balance. Upon examination, there was tenderness and spasm of the lumbar spine. Range of motion was documented at 50 degree flexion, 25 degree extension, and 20 degree right and left lateral bending. Recommendations included an MRI of the lumbar spine, x-rays of the lumbar spine, and continuation of the current medication regimen and home exercise program. A Request for Authorization form was then submitted on 12/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Lumbar w/o Contrast/Closed 1.5 Tesla Magnet: 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: The California MTUS/ACOEM Practice Guidelines state, if physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause. In this case, there was no documentation of a significant musculoskeletal or neurological deficit upon examination. There was no evidence of a sensory or motor deficit. There is also no mention of a recent attempt at any conservative treatment. The injured worker was also pending lumbar spine x-rays. Given the above, the request is not medically necessary.