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| Case Number: | CM15-0063242 | | |
| Date Assigned: | 04/09/2015 | Date of Injury: | 10/10/2014 |
| Decision Date: | 05/19/2015 | UR Denial Date: | 03/06/2015 |
| Priority: | Standard | Application Received: | 04/02/2015 |

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 was a 51-year-old female, who sustained an industrial injury, October 10, 2014. A forklift pushed the injured worker between a table and pallets, fell down, and hurt the low back. The injured worker received the following treatments in the past lumbar spine X-rays, Motrin, tramadol and random toxicology laboratory studies. The injured worker was diagnosed with persistent sprain of the lumbar strain and left lumbar radiculopathy. According to progress note of January 20, 2015, the injured workers chief complaint was low back pain with radiating pain to the bilateral lower extremities, mainly to the left side. The pain was constant and severe associated with numbness and tingling. The physical exam noted tenderness with palpation of the lumbar spine. The range of motion was limited due to pain. The straight leg raises were positive bilaterally. Yeoman test was positive on the left side. The treatment plan included a lumbar spine MRI.

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: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-328. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 287-326.

Decision rationale: The ACOEM Guidelines recommend reserving advanced imaging of the lumbar spine with MRI for those with clear objective examination findings identifying specific nerve compromise when the symptoms and findings do not respond to treatment with conservative management for at least a month and when surgery remains a treatment option. These Guidelines also encourage that repeat advanced imaging should be limited to those with newly worsened or changed signs and symptoms. The submitted and reviewed documentation indicated the worker was experiencing pain in the left shoulder, right knee, upper back that went into the right arm, and intermittent lower back pain. Documented examinations did not detail findings consistent with an issue involving a specific spinal nerve. There was no discussion describing the worker as a candidate for surgery or special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for a MRI of the lumbar spine region is not medically necessary.