

Case Number:	CM15-0064615		
Date Assigned:	04/10/2015	Date of Injury:	06/05/2011
Decision Date:	05/14/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	04/06/2015

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: Texas, Illinois

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 (IW) is a 56-year-old female who sustained an industrial injury on 06/05/2011. Diagnoses include lumbar disc disorder. Treatment to date has included medications, psychotherapy, physical therapy, acupuncture, home exercise and injections. Diagnostics performed to date included X-rays and MRIs, including an MRI of the lumbar spine on 11/7/13. According to the progress notes dated 12/1/14, the IW reported mild to moderate pain in the lumbar spine rated 4/10 with radiating numbness and tingling along the posterior right thigh. A request was made for an MRI of the lumbar spine due to the IW's history of trauma and ongoing neurological deficit despite treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Imaging of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: The injured worker sustained a work related injury on 06/05/2011. The medical records provided indicate the diagnosis of lumbar disc disorder. Treatment to date has included medications, psychotherapy, physical therapy, acupuncture, home exercise and injections. Lumbar MRI of 2013 revealed disc disease including disc protrusion; lower extremities electrodiagnostic studies of 03/2015 were negative for radiculopathy. The medical records provided for review do not indicate a medical necessity for Magnetic Resonance Imaging of the lumbar spine. The medical records indicate the injured worker had similar test in 2013; subsequent physical examination was equivocal radiculopathy; follow up electrodiagnostic test (nerve studies) was negative. The MTUS does not recommend against over reliance on imaging to avoid diagnostic confusion. The guidelines does not recommend imaging in the absence of physiologic findings of tissue insult or nerve damage; or when there is no plan for surgery, Such physiologic findings could either be from physical examination findings or nerve studies. Therefore, this request is not medically necessary.