MAXIMUS Federal Services

Case Number:	CM15-0065829		
Date Assigned:	04/13/2015	Date of Injury:	12/18/2011
Decision Date:	05/12/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/07/2015

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: 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 41 year old female who sustained an industrial injury on 12/18/2011. Current diagnoses include sprain/strain shoulder, sprain wrist, disc herniation lumbar spine, facet arthropathy, disk degeneration, instability-lumbar, status post anterior lumbar interbody fusion, and lumbar region pain. Previous treatments included medication management and back surgery. Previous diagnostic studies included lumbar spine x-rays. Report dated 03/06/2014 noted that the injured worker presented with complaints that included low back pain which radiates down her left leg to the back of the knee with stiffness and burning, left wrist and left shoulder complaints are unchanged, complaints of depression, crying, anxiety, insomnia, nausea, vomiting, burning sensation in stomach, and constipation, and decreased libido. Pain level was not included. Physical examination was positive for abnormal findings. The treatment plan included request for a MRI of the lumbar spine due to a flare of lumbar spine pain and radicular symptoms to rule out herniated nucleus propulsus and/or nerve root lesions, and dispensed Lunesta for sleep disruption. The physician noted concern for neurological compromise with absent and diminished deep tendon reflexes. Disputed treatments include MRI of the lumbar spine without contrast.

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 with and without contrast: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 16 Eye Chapter Page(s): Chapter 12- Low Back Complaints, Imaging, pages 303-304.

Decision rationale: Per ACOEM Treatment Guidelines for the Lower Back Disorders, under Special Studies and Diagnostic and Treatment Considerations, states Criteria for ordering imaging studies, include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electro diagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. Review of submitted medical reports have adequately demonstrated the indication for MRI of the Lumbar spine with noted new clinical findings of absent reflexes and flare-up of symptoms to support this imaging study. The MRI of the lumbar spine with and without contrast is medically necessary and appropriate.