

Case Number:	CM15-0072310		
Date Assigned:	04/22/2015	Date of Injury:	10/02/2012
Decision Date:	05/20/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/16/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 58 year old male who sustained an industrial injury on 10/2/12 resulting from bending at the waist and lifting about 96 pounds from the floor noting immediate increase in his already persistent low back pain. Since that time, he has experienced pain in the right posterior cervical and upper shoulder muscles. Of note in 2009, he had a low back industrial injury as well with ongoing low back pain and no additional medical care until the current 2012 injury. In addition, he has had several non-industrial motor vehicle accidents (1998, 2006) with neck and low back complaints. He currently complains of persistent pain in the neck, right shoulder and lower back radiating into bilateral legs. His pain level is 6/10. Medications help relieve pain and can decrease the pain level to 3/10. He is able to perform more activities of daily living with medication. Medications are Tramadol, omeprazole. Diagnoses include cervical sprain; lumbar sprain; right shoulder sprain, rule out impingement syndrome; cervical and lumbar disc disease, rule out cervical and lumbar stenosis; insomnia; gastritis; anxiety and depression. Treatments to date include medication. Diagnostics include electro diagnostic study of the back and lower extremity (10/1/14) normal; x-rays of the cervical spine, right shoulder, lumbar spine (no date) are unremarkable. In the progress note dated 2/23/15 the treating provider's plan of care includes a request for MRI of the cervical and lumbar spine as he has never had these imaging studies done and his symptoms have persisted for more than two years.

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 ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

Decision rationale: This 58 year old male has complained of low back pain since date of injury 10/2/12. He has been treated with medications. The available medical records show a request for MRI of the lumbar spine without any new patient symptomatology, physical exam findings or rationale for the above requested testing. Per the MTUS guidelines cited above, radiographic imaging in the absence of documented worsening of symptoms and/ or in the absence of red flag symptoms is not indicated. Imaging studies should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, MRI of the lumbar spine is not indicated as medically necessary.