

Case Number:	CM15-0072587		
Date Assigned:	04/22/2015	Date of Injury:	08/25/2014
Decision Date:	06/11/2015	UR Denial Date:	04/07/2015
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: Massachusetts

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

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 48-year-old male who sustained an industrial injury on 08/25/2014 due to a motor vehicle accident. Diagnoses include strain/sprain stretch injury to the lower back. Treatment to date has included medications and activity modification. Diagnostics included CT scan of the lumbar spine and multiple x-rays. According to the Orthopedic Consultation dated 10/24/14, the IW reported constant lower back pain; an MRI of the lumbar spine was recommended. The progress notes from the treating provider on 3/11/15 noted the IW complained his lower back was sore with bending, lifting or twisting. A request was made for an MRI of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of Lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging): Indications for imaging.

Decision rationale: The claimant sustained a work injury nearly one year ago due to a motor vehicle accident. Testing has included a CT scan of the lumbar spine and x-rays without evidence of acute injury. When seen, he was having low back pain and soreness with bending, twisting, or lifting. Physical examination findings included decreased lumbar spine range of motion with a normal neurological examination. Applicable criteria for obtaining an MRI would include a history of trauma with neurological deficit and when there are 'red flags' such as suspicion of cancer or infection or when there is radiculopathy with severe or progressive neurologic deficit. In this case, there is no identified new injury. There are no identified 'red flags' or radiculopathy with severe or progressive neurologic deficit that would support the need for obtaining an MRI scan which therefore was not medically necessary.