

Case Number:	CM15-0073178		
Date Assigned:	04/23/2015	Date of Injury:	07/01/2005
Decision Date:	05/20/2015	UR Denial Date:	04/01/2015
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: North Carolina, Georgia
 Certification(s)/Specialty: Family Practice

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 67 year old male, who sustained an industrial injury on 7/1/2005. Diagnoses have included sciatica and lumbosacral strain. Treatment to date has included a back brace, home exercise program and medication. According to the progress report dated 3/24/2015, the injured worker complained of back pain. He rated his average pain as 8/10. Physical exam revealed trigger points palpated in the gluteus medius and quadratus lumborum bilaterally. Sacroiliac joint compression test was positive. Paresthesias to light touch were noted in the lateral right leg. Authorization was requested for magnetic resonance imaging (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 lumbosacral spine without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Table 12 - 8.

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

Decision rationale: ACOEM chapter on back complaints describes that MRI is indicated when there are unequivocal objective findings of specific nerve compromise in a person with symptoms who do not respond to treatment and for whom surgery would be a reasonable intervention. At the time of the original request for MRI, the medical record documents an MRI in 2012 which is consistent with the current physical examination findings. There is no documentation of any substantial change in physical examination findings to warrant another MRI of LS spine. MRI LS spine is not medically necessary.