MAXIMUS Federal Services

Case Number:	CM15-0074119		
Date Assigned:	04/24/2015	Date of Injury:	12/21/1998
Decision Date:	06/11/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/17/2015

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: Emergency 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 was a 51 year old female, who sustained an industrial injury, December 21, 1996. The injured worker previously received the following treatments laboratory studies, random toxicology laboratory studies, Trazodone, Ambien, Effexor, Cyclobenzaprine, Nabumetone, Tramadol, Oxycodone, Lidoderm patches, Soma, Percocet, Vicodin, Morphine, Acetaminophen, Baclofen and Codeine. The injured worker was diagnosed with myalgia and myositis, chronic pain due to trauma chronic, derangement of meniscus chronic, degenerative disc disease lumbar chronic, muscle spasms chronic, sacrolitis, coccydynia and facet arthropathy chronic. According to progress note of March 17, 2015, the injured workers chief complaint was low back pain. The back pain radiated to the bilateral thighs, ankles, calves and feet. The injure worker described the pain as ache, deep, numbness and shooting. The symptoms were aggravated by ascending strain, bending, changing positions, daily activities, descending stairs, extension, flexion, jumping, lying/rest position, pushing, rolling over in bed, running, standing, twisting and walking. The symptoms were relieved by pain medication. The injured worker rated the pain at 10 out of 10 without pain medication and 6 out of 10 with pain medication; 0 being no pain and 10 being the worse pain. The past month the pain averaged 9 out of 10. The physical exam noted tenderness of the lumbar spine. There was moderate pain with lumbar spine range of motion. The treatment plan included a lumbar spine MRI without contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging) to the lumbar spine without contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, MRI's (magnetic resonance imaging).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The requested MRI (magnetic resonance imaging) to the lumbar spine without contrast, is not medically necessary. CA MTUS, ACOEM 2nd Edition, 2004, Chapter 12, Lower Back Complaints, Special Studies and Diagnostic and Therapeutic Considerations, Pages 303-305, recommend imaging studies of the lumbar spine with "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option". The injured worker has low back pain. The back pain radiated to the bilateral thighs, ankles, calves and feet. The injure worker described the pain as ache, deep, numbness and shooting. The symptoms were aggravated by ascending strain, bending, changing positions, daily activities, descending stairs, extension, flexion, jumping, lying/rest position, pushing, rolling over in bed, running, standing, twisting and walking. The symptoms were relieved by pain medication. The injured worker rated the pain at 10 out of 10 without pain medication and 6 out of 10 with pain medication; 0 being no pain and 10 being the worse pain. The past month the pain averaged 9 out of 10. The physical exam noted tenderness of the lumbar spine. There was moderate pain with lumbar spine range of motion. The treating physician has not documented a positive straight legraising test, nor deficits in dermatomal sensation, reflexes or muscle strength. The criteria noted above not having been met, MRI (magnetic resonance imaging) to the lumbar spine without contrast is not medically necessary.