

Case Number:	CM15-0074231		
Date Assigned:	04/24/2015	Date of Injury:	11/30/2014
Decision Date:	05/26/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/18/2015

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: Preventive Medicine, Occupational 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 is a 63 year old male, who sustained an industrial injury on 11/30/2014. Diagnoses include cervical sprain/strain and lumbar sprain/strain. Treatment to date has included physical therapy, chiropractic care, diagnostics, and medications and modified work. Per the Primary Treating Physician's Progress Report dated 3/19/2015, the injured worker presented for follow up of cervical spine pain. He reported head pain especially in the back of the ear. His pain is rated as 7/10. Physical examination revealed marked tenderness of the cervical spine with loss of motion and decreased strength. The plan of care included diagnostic imaging and authorization was requested for magnetic resonance imaging (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 (magnetic resonance imaging) Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-328.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 297, 303, 304, 309.

Decision rationale: The MTUS Guidelines do not recommend the routine use of MRI with low back complaints. MRI should be reserved for cases where there is physiologic evidence that tissue insult or nerve impairment exists, and the MRI is used to determine the specific cause. MRI is recommended if there is concern for spinal stenosis, cauda equine, tumor, infection or fracture is strongly suspected, and x-rays are negative. The available records do not include an examination of the lumbar spine or lower extremities to establish medical necessity of this request. There is no evidence of red flag conditions, radiculopathy, severe neurologic deficits or lumbar pathology to warrant an MRI of the lumbar spine. The request for MRI of lumbar spine is determined to not be medically necessary.