

Case Number:	CM15-0076520		
Date Assigned:	04/28/2015	Date of Injury:	05/10/2012
Decision Date:	05/28/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	04/21/2015

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: New York, West Virginia, Pennsylvania
 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 is a 58 year old female, who sustained an industrial injury on 5/10/12. The injured worker was diagnosed as having lumbar spine strain, lumbar radiculopathy, internal derangement/chondromalacia of right knee, internal derangement/chondromalacia of left knee, status post lateral ligament injury of left ankle, lumbar disc protrusion at L2-3, L3-4, L4-5 and L5-S1 and status post op left hip for fracture. Treatment to date has included left hip surgery, physical therapy and home exercise program. Currently, the injured worker complains of worsening back pain. Physical exam noted antalgic gait, tenderness to palpation of upper, mid and lower paravertebral muscles of lumbar spine with limited range of motion, lateral pain and tenderness to palpation over the lateral joint line of right knee and tenderness to palpation over the medial joint line of left knee. The treatment plan included request for authorization for (MRI) magnetic resonance imaging of lumbar spine.

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 12 Low Back Complaints Page(s): 303-305.

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

Decision rationale: Guidelines state that objective findings that identify specific nerve compromise on the neurologic exam are needed to warrant imaging in patient who do not respond to treatment and who would consider surgery. In this case, the patient had patchy-decreased sensation in the L5 distribution. The documentation does not show evidence of the patient participating in conservative therapy to include physical therapy. The request for MRI lumbar spine is not medically appropriate and necessary.