

Case Number:	CM15-0076686		
Date Assigned:	04/28/2015	Date of Injury:	03/27/1988
Decision Date:	05/28/2015	UR Denial Date:	04/17/2015
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: Florida

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 66 year old male who sustained an industrial injury on 03/27/1988. Current diagnoses include sprain of back, chronic pain syndrome, and lumbar spondylosis. Previous treatments included medication management. Report dated 04/09/2015 noted that the injured worker presented with complaints that included lumbar spine spasm and pain. Pain level was not included. Physical examination was positive for abnormal findings. Disputed treatments include 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 to lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ACEOM Low Back Complaints, referenced by CA MTUS guidelines 301-315 Page(s): ACEOM Low Back Complaints, referenced by CA MTUS guidelines. 301-315.

Decision rationale: Regarding this request for a Lumbar MRI, guidelines state unequivocal objective findings that identify specific nerve compromise on the neurologic examination as sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging results in false positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. Regarding this patient's case, this request is not reasonable, as there is no indication that there has been failure of conservative therapy, that there are red flags present, or that there is a progressive neurologic deficit. Likewise, this request is not considered medically necessary based off of the documentation that has been provided.