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| Case Number: | CM15-0078138 | | |
| Date Assigned: | 04/29/2015 | Date of Injury: | 02/02/2015 |
| Decision Date: | 05/28/2015 | UR Denial Date: | 04/07/2015 |
| Priority: | Standard | Application Received: | 04/23/2015 |

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 60 year old female, who sustained an industrial injury on February 2, 2015. She reported immediate left knee, upper back, and low back pain. She reported that by the end of the day she had soreness of the buttocks, back, left shoulder, and left knee. The injured worker was diagnosed as having lumbar strain, bilateral lumbar radiculopathy, and lumbar degenerative disc disease. Diagnostics to date has included x-rays. Treatment to date has included work modifications, physical therapy, and medications including muscle relaxant and non-steroidal anti-inflammatory. On March 25, 2015, the injured worker complains of constant low back pain radiating to the pelvis and intermittent burning pain down the bilateral thighs to the knees. Her right arm pain has resolved. The physical exam revealed non-tender midline and bilateral lumbar paraspinal muscles, no muscle spasms, tender right sacroiliac joint and left sciatic notch, decreased range of motion, normal deep tendon reflexes in the lower extremities, negative bilateral straight leg raise, and normal strength in the lower extremities. The treatment plan includes an 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-Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

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. This patient is being treated for chronic low back pain that is degenerative in nature. Although there has been a recent subjective complaint of acute back pain, there is no evidence of injury or trauma. Physical exam does not identify any significant findings that support the use of MRI at this time. The request for MRI of lumbar spine IS NOT medically necessary.