

Case Number:	CM15-0078495		
Date Assigned:	04/29/2015	Date of Injury:	08/10/2001
Decision Date:	05/28/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	04/24/2015

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 is a 54 year old female, who sustained an industrial injury on August 10, 2001. She has reported back pain and leg pain. Diagnoses have included lumbar intervertebral disc displacement and sciatica. Treatment to date was not specified in the medical record. A progress note dated March 9, 2015 indicates a chief complaint of lower back pain and spasms. Pain is reportedly 8/10. Objective exam reveals Objective findings noted pain at the L4-L5 and L5-S1. Positive spasms were noted on the right. There was decreased range of motion with flexion at 33 degrees and extension at 14 degrees. Straight leg raise was positive at 35 degrees on the right and 45 degrees of the left. Kemps was noted to be positive on the right. Only chiropractors notes were provided for review. No MRI or other imaging or electrodiagnostic reports were provided for review. The treating physician documented a plan of care that included magnetic resonance imaging of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective MRI for the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: As per ACOEM Guidelines, imaging studies should be ordered in event of "red flag" signs of symptoms, signs of new neurologic dysfunction, clarification of anatomy prior to invasive procedure or failure to progress in therapy program. Patient does not meet any of these criteria. There are no documented red flag findings in complaints or exam. There is no noted new neurologic dysfunction. No prior imaging reports were provided. This appears to be an exacerbation of chronic pain and there is no documented conservative care attempted by the provider. There is no justification documented for why new imaging of lumbar spine was needed except that spine specialist won't see patient without one. MRI of lumbar spine is not medically necessary.