

Case Number:	CM15-0078774		
Date Assigned:	04/30/2015	Date of Injury:	07/08/2010
Decision Date:	05/29/2015	UR Denial Date:	04/07/2015
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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 44 year old male who sustained an industrial injury on July 8, 2010. He has reported injury to the lower back and has been diagnosed with lumbosacral protrusion. Treatment has included medications and a home exercise program. Currently the injured worker complains of lumbosacral pain. The treatment request included a 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. Decision based on Non-MTUS Citation Official Disability Guideline-Treatment in Workers' Compensation, Online Edition.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287 - 316.

Decision rationale: The patient is a 44 year old male with an injury on 07/08/2010. He has low back pain. He has been treated with medications, physical therapy and a home exercise program. There is no documentation of a recent injury. There is no documentation of red flag signs or

progression of new clinical symptoms. There is no documentation that he is an imminent candidate for surgery. He does not meet MTUS, ACOEM guidelines for a lumbar spine MRI. Therefore, the request is not medically necessary.