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| Case Number: | CM15-0079830 | | |
| Date Assigned: | 04/30/2015 | Date of Injury: | 01/03/2014 |
| Decision Date: | 06/03/2015 | UR Denial Date: | 04/07/2015 |
| Priority: | Standard | Application Received: | 04/27/2015 |

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: 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 48 year old male, who sustained an industrial injury on January 3, 2014. He reported falling backwards off a flatbed trailer. The injured worker was diagnosed as having wrist sprain/strain, shoulder and upper arm sprain/strain, and neck/scalp/face contusion. Treatment and diagnostics to date has included x-rays, CT head, physical therapy, chiropractic treatments, and medication. Currently, the injured worker complains of low back pain, right buttock pain, neck pain, and bilateral buttocks pain with headaches. The Primary Treating Physician's report dated March 30, 2015, noted the current medications were listed as Zoloft, Sertraline, Pantoprazole, Topiramate, Norco, and Magnesium. The assessment was noted to show lumbar strain, left wrist strain, and left shoulder strain all noted improved with cervical strain and thoracic degenerative disc disease. The treatment plan was noted to include referral for a SI belt, Tylenol over-the-counter (OTC) for mild pain, continue Flexeril, and referral for 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 of The Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 303-304.

Decision rationale: According to ACOEM guidelines, imaging of the low back should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. Red flags consists of fracture, tumor, infection, cauda equina syndrome/saddle anesthesia, progressive neurologic deficit, dissecting abdominal aortic aneurysm, renal colic, retrocecal appendix, pelvic inflammatory disease, and urinary tract infection with corresponding medical history and examination findings. In this case, the medical records do not establish clinical signs consistent with a focal neurologic deficit in a dermatomal or myotomal pattern to cause concern for lumbar radiculopathy. Without evidence of lumbar nerve root compromise or other red flag findings, proceeding with a lumbar spine MRI is not indicated. The request for MRI of The Lumbar Spine is not medically necessary and appropriate.