

Case Number:	CM15-0091670		
Date Assigned:	05/15/2015	Date of Injury:	12/07/2012
Decision Date:	06/17/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/11/2015

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: Connecticut, California, Virginia
 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 28-year-old male who sustained an industrial injury on 12/7/12. The injured worker was diagnosed as having lumbar sprain secondary to altered gait, right hand sprain resolved, right knee sprain and left ankle sprain. Currently, the injured worker was with complaints of discomfort in the back, bilateral hands, right knee, left ankle and left foot. Previous treatments included medication management, elevation, and rest. The injured workers back pain level was noted as 6-7/10 and the right knee pain at 7-8/10. Physical examination was notable for tenderness to the midline of the lumbar spine and limited range of motion, right knee tenderness and moderate effusion noted. The plan of care was for a magnetic resonance imaging.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Lumbar Spine without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: The MTUS discusses recommendations for MRI in unequivocal findings of specific nerve compromise on physical exam, in patients who do not respond to treatment, and who would consider surgery an option. Absent red flags or clear indications for surgery, a clear indication for MRI is not supported by the provided documents. Without clear indication of failed conservative management (physical therapy, etc.), the patient is unlikely to be a candidate for surgery. Without further indication for imaging in a diagnosis of sciatica, the request for MRI at this time cannot be considered medically necessary per the guidelines.