

Case Number:	CM15-0096391		
Date Assigned:	05/26/2015	Date of Injury:	03/28/2014
Decision Date:	06/30/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	05/19/2015

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 female, with a reported date of injury of 03/28/2014. The diagnoses include lumbosacral strain and pain, left lower extremity radicular pain, lumbosacral spondylosis, chronic low back pain, lumbosacral degenerative disc disease, and left L1-L4 lumbar transverse process fractures. Treatments to date have included oral medication and physical therapy. The progress report dated 02/09/2015 indicates that the injured worker continued to complain of low back pain, with occasional radiation into the bilateral lower extremity. She rated the pain 6 out of 10. She also had occasional numbness and tingling in the feet. It was noted that the injured worker was taking three Norco pills a day, Zolpidem at night, and Flexeril at night, which helped her. The objective findings include an antalgic gait, a limp on the left side, ability to walk on her toes, refusal to walk on her heels, lumbosacral flexion at 45 degrees, refusal to do extension due to pain, and normal strength in the bilateral lower extremity. The treating physician requested an MRI of the lumbar spine to rule out lumbosacral degenerative disc disease with disc herniated nucleus pulposus.

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: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Indications for Imaging.

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 consist 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 injured worker fell and sustained left L1-L4 lumbar transverse process fractures. She remains with subjective and objective functional deficits on clinical examination. At this juncture, the request for advanced imaging studies is supported. The request for MRI of the lumbar spine is medically necessary and appropriate.