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| Case Number: | CM15-0098276 | | |
| Date Assigned: | 05/29/2015 | Date of Injury: | 02/11/2015 |
| Decision Date: | 06/30/2015 | UR Denial Date: | 05/15/2015 |
| Priority: | Standard | Application Received: | 05/21/2015 |

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: 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 female with an industrial injury dated 2/11/2015. The injured worker's diagnoses include cervical spine sprain/strain, lumbar spine sprain/strain, right ankle sprain/strain, and bilateral shoulders sprain/strain. Treatment consisted of prescribed medications, physical therapy and periodic follow up visits. In a progress note dated 3/30/2015, the injured worker reported neck pain, radiation of pain into her arms, upper, mid and low back with radiation of pain into her legs. Objective findings revealed pain and tenderness to palpitation and limited range of motion. The treating physician prescribed services for MRI (Magnetic Resonance Imaging) of the lumbar spine now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (Magnetic Resonance Imaging) 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): 297, 303, 304, 309.

Decision rationale: The MTUS Guidelines do not recommend the routine use of MRI with low back complaints. MRI should be reserved for cases where there is physiologic evidence that tissue insult or nerve impairment exists, and the MRI is used to determine the specific cause. MRI is recommended if there is concern for spinal stenosis, cauda equine, tumor, infection or fracture is strongly suspected, and x-rays are negative. The injured worker had a normal neurological exam of the lower extremities and has no radicular pain or other associated symptoms. The request for MRI (Magnetic Resonance Imaging) of the lumbar spine is determined to not be medically necessary.