

Case Number:	CM15-0099921		
Date Assigned:	06/02/2015	Date of Injury:	03/07/2015
Decision Date:	06/30/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/22/2015

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 Jersey, New York
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 65 year old female who sustained an industrial injury on 03/07/2015. Mechanism of injury occurred when she was assisting a resident from a wheelchair and when trying to prevent the resident from falling she lost her balance and fell. She injured her head, back and bilateral legs. Diagnosis include cervical lumbar sprain/strain, head injury, and contusion of the chest wall and back contusion. Treatment to date has included diagnostic studies, medications, physical therapy, cold and heat packs and lumbar support. A physician progress note dated 04/16/2015 documents the injured worker complains of bilateral knee pain, cervical, and lumbosacral spine moderate pain and pain radiates to the bilateral upper trapezius and bilateral thighs. She has bilateral thumb pain with weakness. She has decreased and painful range of motion to the cervical and lumbosacral spine. Paraspinal muscles are tender, and joint line is tender. She walks with an antalgic gait. The treatment plan includes X-ray of the left thumb, Magnetic Resonance Imaging of the cervical, lumbar spine and bilateral knees, physical therapy 3 times a week for 6 weeks, urinalysis, and prescription for Prilosec and Methoderm and a Functional Capacity evaluation. Treatment requested is for MRI Lumbar without Contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Lumbar 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): 303-305.

Decision rationale: The request for lumbar MRI is medically unnecessary. An MRI of lumbar spine is useful to identify specific nerve compromise found on physical exam. This patient did not have any documented progression of specific neurologic deficits. Indiscriminant imaging can result in false positive findings that may not be the source of the pain or warrant surgery. The patient also did not have a full spectrum of conservative care to see if there would be improvement in symptoms. There was improvement with physical therapy so patient cannot be said to have failed conservative treatment. Because of these reasons, the request for lumbar MRI is not medically necessary.