

Case Number:	CM17-0018485		
Date Assigned:	02/02/2017	Date of Injury:	12/10/2016
Decision Date:	02/27/2017	UR Denial Date:	01/19/2017
Priority:	Standard	Application Received:	01/27/2017

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: Texas

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 44 year old male who sustained an industrial injury on 12-10-16. A review of the medical records reveal that the injured worker is undergoing treatments for contusion of the lumbar spine, suspect right sided neural impingement. Treatment has included physical therapy. Objective findings dated 1-9-17 were notable for posterior radiculopathy to the right mid-calf upon straight leg raise, "mild deficit of gait favoring the let lower extremity". The original utilization review (1-19-17) denied a request for MRI Lumbosacral Spine without Contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Lumbosacral Spine without Contrast: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods, and Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: The injured worker sustained a work related injury on 12-10-16. The medical records provided reveal the diagnosis of contusion of the lumbar spine, suspect right sided neural impingement. Treatments have included physical therapy. The MTUS Low Back Chapter states that invasive procedures are of questionable merit. The MTUS Chronic Pain Medical Treatment Guidelines 2016 is silent, while the MTUS Chronic Pain Medical Treatment Guidelines 2009 guidelines for epidural steroid injection recommends documentation of failed conservative treatment ((exercises, physical methods, NSAIDs and muscle relaxants); evidence of radiculopathy based on physical examination corroborated by imaging and or nerve studies. Repeat injection is based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. The medical records reveal the injured worker suffers from low back pain, the physical examination revealed positive straight leg raise (a feature of Lumbar radiculopathy). The injured worker previously did a Lumbar CT scan shortly after the injury, and this revealed degenerative changes, but no evidence of disc herniation or impingement; the injured worker was requested for Lumbar MRI, but this was denied. The injured worker was previously treated with physical therapy but without improvement. The request for MRI Lumbosacral Spine without Contrast is not medically necessary.