

Case Number:	CM17-0005246		
Date Assigned:	01/11/2017	Date of Injury:	11/28/2016
Decision Date:	02/06/2017	UR Denial Date:	12/23/2016
Priority:	Standard	Application Received:	01/09/2017

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: California, North Carolina
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 29 year old female who sustained an industrial injury November 28, 2016. Diagnoses are sprain of ligaments of lumbar spine; low back pain; sprain of unspecified collateral ligament of right knee; pain right knee. According to a primary treating physician's handwritten progress report dated December 9, 2016, the injured worker presented with continued low back pain, which increases to 10 out of 10 with activity. She was icing and now placing heat on the lower back and undergoing physical therapy, reducing pain, but temporary. She reported right leg pain associated with numbness and occasional paresthesia. Current medication included Norco 5-325mg four times a day. Physical examination; unable to bend to any degree. Some of the handwritten notes are difficult to decipher. At issue, is a request for authorization dated December 12, 2016, for an MRI of the lumbar spine. A report of an x-ray lumbar spine 2 or 3 views dated December 2, 2016, is present in the medical record. According to utilization review dated December 23, 2016, the request for an MRI lumbar spine is non-certified.

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: The Claims Administrator based their decision on recommendation(s) outside of the MTUS Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back chapter - MRI (magnetic resonance imaging).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: CA MTUS/ACOEM Guidelines support special studies (MRI, CT) of the lumbar spine when the neurologic exam is unclear and there is evidence of nerve dysfunction by electrodiagnostic testing. In addition, any red flag symptoms or findings, including trauma, tumor, infection, nerve dysfunction, myelopathy or fracture warrant MRI or other special studies. In this case, the claimant has persistent low back pain. There is no documentation of radicular complaints or findings of radiculopathy. There is also no documentation of red flags or indications that surgery is warranted. Therefore the request for MRI (magnetic resonance imaging) of the lumbar spine is determined to be not medically necessary.