

Case Number:	CM17-0008519		
Date Assigned:	01/17/2017	Date of Injury:	10/26/2016
Decision Date:	02/16/2017	UR Denial Date:	12/19/2016
Priority:	Standard	Application Received:	01/12/2017

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management, 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 was a 42 year old male, who sustained an industrial injury on October 26, 2016. The injured worker was undergoing treatment for contusion to the lower back and pelvis initial encounter, contusion of the left knee initial encounter, contusion of the lower back and pelvis subsequent encounter and contusion of the left knee subsequent encounter. According to progress note of December 2, 2016, the injured worker's chief complaint was low back pain. The pain was located at left and right L4 and L5. The pain was rated 5 out of 10. The injured worker reported being 10% improved since the last visit. The left knee pain was no the lateral side. The injured worker reported a 10% improvement since the last visit. The objective findings were the low back pain. The gait was normal. The soft tissue was normal in contour. There was tenderness to palpation of the right paravertebral muscles, left paravertebral muscles at L4 and L5. The range of motion was restricted with extension of 20 degrees out of 30, otherwise within normal range. There was left knee pain. The RFA (request for authorization) dated December 2, 2016; the following treatments were requested an MRI of the lumbar spine without contrast 1.5 tesla or higher only. The UR (utilization review board) denied certification on December 19, 2016; for an MRI of the lumbar spine without contrast 1.5 tesla or higher only.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbosacral spine without contrast, 1.5 Tesla or higher only: Overturned

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 -Lumbar & Thoracic (Acute & Chronic) MRIs (magnetic resonance imaging).

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

Decision rationale: MTUS relies upon ACOEM 2004 Lower Back Disorders Chapter to determine the medical necessity of this request for an MRI of the lumbar spine. The patient is diagnosed with a contusion and initial x-rays reveal signs of degeneration at the L5/S1 disc. The date of injury is October 2016 and the patient remains symptomatic with treatment. ACOEM supports advanced imaging studies to evaluate for neurologic compromise or red flag conditions. It also cautions that care should be made to understand that imaging findings may likely be independent from the reported symptoms. However, the patient remains symptomatic and an MRI will identify red flag conditions that may explain the delayed recovery for this patient. Therefore, an MRI of the lumbar spine is medically necessary in the care of this patient.