

Case Number:	CM16-0247255		
Date Assigned:	12/30/2016	Date of Injury:	10/14/2016
Decision Date:	01/25/2017	UR Denial Date:	12/14/2016
Priority:	Standard	Application Received:	12/23/2016

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: Arizona, California

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 40 year old male, who sustained an industrial injury on 10-14-2016. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for lumbar strain. Medical records (10-26-2016 to 12-07-2016) indicate ongoing low back pain. Pain levels were rated 3 out of 10 on a visual analog scale. Records also indicate 70% improvement in pain. Per the treating physician's progress report, the IW has returned to regular job duties. The physical exam of the lumbar spine, dated 12-05-2016, revealed tenderness to the thoracolumbar spine on the left primarily with all other findings within normal limits. Relevant treatments have included: physical therapy, work restrictions, and medications. The request for authorization (received on 12-12-2016) shows that the following test was requested: a MRI of the lumbar spine without contrast. The original utilization review (12-14-2016) non-certified the request for a MRI of the lumbar spine without contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbar spine without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Diagnostic Criteria, Special Studies.

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

Decision rationale: According to the ACOEM guidelines- low back chapter, an MRI of the lumbar spine is recommended for red flag symptoms such as cauda equina, tumor, infection, or uncertain neurological diagnoses not determined or equivocal on physical exam. There were no red flag symptoms. There was no plan for surgery. The request for an MRI of the lumbar spine is not medically necessary.