

Case Number:	CM17-0008241		
Date Assigned:	01/17/2017	Date of Injury:	10/16/2016
Decision Date:	02/09/2017	UR Denial Date:	01/03/2017
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, 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 28 year old female, who sustained an industrial injury on 10-16-16. The documentation on 12-23-16 noted that the injured worker has complaints of back pain and left lower extremity paresthesias. There is tenderness of the thoracolumbar spine and paravertebral musculature and range of motion is limited. A review of the medical records shows the injured worker has had diagnoses of lumbar strain, subsequent encounter and sciatica of left side. Treatment to date has included ice-heat therapy; chiropractic care; physical therapy and medications. The original utilization review (1-3-17) non-certified the request for open magnetic resonance imaging 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:

Open MRI of the lumbar spine without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Magnetic Resonance Imaging (MRI).

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

Decision rationale: CA MTUS/ACOEM Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic exam are sufficient evidence to warrant imaging in patients who do not respond to treatment and would consider surgery an option. In this case, there are no suspicions of red flag findings, such as trauma, nerve dysfunction, myelopathy, tumor, infection or fracture. The claimant's diagnosis is lumbar strain and sciatica, which are not indications for an MRI. There are no abnormal neurologic findings or documentation of radicular pain. Therefore the request for open MRI of the lumbar spine without contrast is determined to be not medically necessary.