

Case Number:	CM15-0128836		
Date Assigned:	07/15/2015	Date of Injury:	09/05/2014
Decision Date:	10/21/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	07/02/2015

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 41 year old male, who sustained an industrial injury on 09-05-2014. He has reported injury to the head, neck, bilateral arms, left hip, bilateral lower extremities, and low back. The diagnoses have included lumbar spine strain; displacement of lumbar intervertebral disc without myelopathy; thoracic disc disease; cervical spine strain; displacement of cervical intervertebral disc without myelopathy; and left wrist strain. Treatment to date has included medications, diagnostics, and bracing. Medications have included Vicodin, Gabapentin, Cyclobenzaprine, Naproxen, and topical compounded creams. A progress report from the treating physician, dated 04-22-2015, documented an evaluation with the injured worker. Currently, the injured worker complains of pain in the neck, left wrist, and lumbar spine. Objective findings have included decreased range of motion; positive ortho-neuro tests; and palpable tenderness. The treatment plan has included the request for MRI of the lumbar spine. The original utilization review, dated 06-05-2015, non-certified a request for MRI of the lumbar spine.

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: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

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

Decision rationale: In this case the claimant fell from a ladder on 9/5/2014 and complained of injury to his head, neck, bilateral arms, left hip, low back, and bilateral lower extremities. The claimant had a prior MRI of the low back in 2011, however the findings of this exam were not available. At a 12/1/2014 follow-up orthopedic evaluation, the claimant described "pain complaints and tenderness that appeared to outweigh any objective findings of injury or derangement." Claimant is still taking chronic narcotics, Gabapentin, had "taken to using a cane," and was requesting a home help aide. On 4/22/2015 the claimant was seen by a spine specialist who noted, "globally reduced AROM of every region tested," even those areas uninjured. There was no finding of motor weakness to explain his limping and need for a cane. The request is for a repeat MRI of the lumbar spine, however there are no corroborative physical exam findings or electrodiagnostic testing indicating a progressive neurologic dysfunction. In this case the subjective complaints far outweigh any objective findings of injury, therefore the request is not medically necessary or appropriate.