

Case Number:	CM13-0040275		
Date Assigned:	12/20/2013	Date of Injury:	01/12/2012
Decision Date:	12/10/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	10/09/2013

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. The expert reviewer is Board Certified in Emergency Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient had a reported date of injury of 1/12/2012. The mechanism of injury is described as lifting and bending over at work. The patient has a diagnosis of lumbar radiculopathy. The patient is post pregnancy/C-section 3weeks prior to visit on 8/15/13. The patient complains of low back pain. An objective exam reveals paravertebral muscle pain with spasms, limited range of motion, a positive straight leg raise test bilaterally and slightly reduced right L5 dermatome sensation. A magnetic resonance imaging (MRI) of lumbar spine revealed mild central stenosis at L4-5 and mild bilateral neuroforaminal stenosis at L3-4 and L4-5. No medication list or other imaging or electrodiagnostic reports provided for review. Independent Medical Review is for MRI without contrast lumbar spine. Prior UR on 9/9/13 recommended non-certification of MRI of lumbar spine and approved electromyography/nerve conduction velocity.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging) without contrast of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304, 309.

Decision rationale: As per ACOEM Guidelines, imaging studies should be ordered in event of "red flag" signs of symptoms, signs of new neurologic dysfunction, clarification of anatomy prior to invasive procedure or failure to progress in therapy program. The patient does not meet any of these criteria. There are no documented red flag findings within the complaints or exam. There is noted new neurologic dysfunction. There is no documentation of any attempt at a therapy program or medication treatment. Therefore the MRI of lumbar spine is not medically necessary.