

Case Number:	CM13-0045953		
Date Assigned:	12/27/2013	Date of Injury:	12/21/2011
Decision Date:	04/30/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/12/2013

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 Internal Medicine, and is licensed to practice in Texas. 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:

he beneficiary injured his lower back in Decmeber 2011. Lumbar MRI in January 2012 howed an L4-5 disc protrusion with minimal degenerative disc disease. Electrodiagnostic study as normal with no evidence of radiculopathy or nerve compression. Treatment with physical herapy, medications, and epidural steroid injections have not provided lasting relief. The most ecent evaluation did not show evidence of radiculopathy. Red flags were not present. The pecific reason that repeat MRI was requested is not documented.

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 ACOEM Page(s): 308-310.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: In order to justify imaging studies in a beneficiary who does not respond to treatment, unequivocal objective findings that identify specific nerve compromise should be present, and the beneficiary should be contemplating surgery. Imaging studies may also be pursued in the presence of "red flags" (historical and physical examination features that indicate the possibility of the presence of serious spinal pathology). If the neurologic examination is less

clear, then further evidence of nerve dysfunction should be obtained prior to ordering an imaging study. In this case, there is no clinical evidence of nerve compromise, nor is there objective evidence of nerve dysfunction. No "red flags" are present. A previous MRI showed some degenerative changes. The records do not document the specific indication for repeat imaging. Therefore, imaging studies such as an MRI are not indicated.