

Case Number:	CM13-0054837		
Date Assigned:	12/30/2013	Date of Injury:	08/21/2013
Decision Date:	07/29/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	11/20/2013

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 Geriatrics and is licensed to practice in New York. 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 injured worker is a 32 year old woman with a date of injury of 8/21/13. She was seen by her primary treating physician on 10/31/13. She had completed a course of physical therapy on 9/16/13 and was said to have made no progress. She complained of 'mild to severe' low back pain radiating to both extremities and right lower quadrant ventrally. She had headaches and a 15lb weight gain. Her medications included norco, ibuprofen and flexeril. Her physical exam showed normal lumbar lordosis. She was tender to palpation about the lumbar paravertebral muscles at right L5-S1 dermatomes with no spasm. Her gait was normal heel to toe and she could walk on heels and toes and perform a full squat with recovery without pain. She had reduced lumbar spine range of motion in all planes and normal reflexes and motor strength and sensation. She had a positive straight leg raise on the right at 65 degrees. Her diagnosis was right lumbar spine radiculopathy. A request for chiropractic care, medication refills and a lumbar spine MRI were made. The MRI is at issue in this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI FOR LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG for Low Back Regarding MRIs, (magnetic resonance imaging).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 12.

Decision rationale: This injured worker had an injury in 8/13 with complaints of low back pain radiation to her extremities. MRI can be useful to identify and define low back pathology in disc protrusion and spinal stenosis. Though she had a positive straight leg raise and limited lumbar range of motion, she had normal strength, reflexes and sensation on physical exam and normal gait. She had no physical exam evidence of red flags. In the absence of physical exam evidence of red flags, a MRI of the lumbar spine is not medically indicated.