

Case Number:	CM13-0059986		
Date Assigned:	12/30/2013	Date of Injury:	09/01/2011
Decision Date:	03/27/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	12/02/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Medicine, and is licensed to practice in Arizona. 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 physician 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 is a 39 year old male with date of injury 3/14/2012. The patient has been treated for ongoing low back pain and left extremity pain. Diagnoses include lumbar spine strain, left shoulder impingement, left medial epicondylitis, cervicothoracic spine strain, left carpal and cubital tunnel syndrome. A prior lumbar MRI from 1/3/2013 shows a defect in pars interarticularis of L5, and annular fissure and 3.5mm central disk protrusion at L5-S1. Treatment to date has included physical therapy, chiropractic, and medications. Subjective complaints are of lower back pain with radiation to the left lower extremity. Physical exam findings show tenderness to bilateral lumbar paraspinal muscles, with reduced sensation in the L4-S1 dermatomes, with normal strength in lower extremities. The patient had negative bilateral straight leg raise test.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back section on MRI

Decision rationale: The ACOEM Guidelines recommend MRIs of the lumbar spine when cauda equina, tumor, infection, or fracture is strongly suspected or if the patient has had prior back surgery. The Official Disability Guidelines recommend MRI exam for uncomplicated low back pain for uncomplicated low back pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit. Also if there is suspicion for cancer, infection, or other "red flags." This patient did not show signs/symptoms suggestive of tumor, infection, fracture, or progressive neurologic deficit. Furthermore, the patient had previous MRI on 1/3/13 that did not demonstrate any neurocompressive pathology. Therefore, for the above reasons, the request for a lumbar MRI is not medically necessary and appropriate.