

Case Number:	CM13-0065564		
Date Assigned:	01/03/2014	Date of Injury:	08/21/2013
Decision Date:	07/31/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/13/2013

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 Family Practice 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 claimant is a 65 year old male claimant sustained a work related injury on 8/21/13 involving the low back. He had a diagnosis of a lumbar strain. His pain was managed with muscle relaxants, opioids and NSAIDs. A progress note on 9/23/13 indicated the claimant had continued neck and back pain. Examination findings included spasms in the neck muscles and paraspinal tenderness. There were not neurological abnormalities. He had undergone therapy and acupuncture was ordered. An MRI of the lumbar spine was subsequently ordered at a later date.

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 Chapter 12 Low Back Complaints Page(s): 303-304.

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

Decision rationale: According to the ACOEM guidelines, an MRI is indicated for red flag symptoms including, tumor, infection or fracture. There was no mention of plan for surgery. In addition, In addition no further examinations or progress notes were provided for subsequent

dates to indicate the necessity for an MRI. Based on the guidelines and the records provided, there is no medical necessity for an MRI of the lumbar spine.