

Case Number:	CM14-0109060		
Date Assigned:	09/16/2014	Date of Injury:	04/27/2014
Decision Date:	11/05/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/14/2014

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 injured worker is a 38 year old female claimant who sustained a work injury on 4/27/14 involving the low back. An appeal letter from the treating physician relating to an examination on 7/1/14 indicated the claimant had constant severe lumbar pain. Exam findings were notable for tenderness in the spinous processes of L1-L5. Straight leg raise was negative. There were no abnormal neurological findings noted for the lower extremities. An MRI of the lumbar spine was requested to determine the cause of pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRI OF THE LUMBAR SPINE WITHOUT CONTRAST AS AN OUTPATIENT:

Upheld

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

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

Decision rationale: According to the ACOEM guidelines, an MRI of the lumbar spine is recommended for red flag symptoms such as cauda equina, tumor, infection, or uncertain neurological diagnoses not determined or equivocal on physical exam. In this case, there were no

red flag findings/suspicion or abnormal neurological exam requiring an MRI of the lumbar spine.
The request above is therefore not medically necessary.