

Case Number:	CM14-0018432		
Date Assigned:	04/18/2014	Date of Injury:	12/19/2013
Decision Date:	06/30/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	02/13/2014

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 Occupational Medicine, 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:

According to the records made available for review, this is a 34-year-old female with a 12/19/13 date of injury. At the time (1/22/14) of the request for authorization for MRI for the lumbar spine without contrast, there is documentation of subjective complaints (constant pain in her lower back with pain radiating to her lower extremities reaching her feet, accompanied with intermittent numbness and tingling) and objective findings (sensation is decreased at left L5-S1). There are also imaging findings (x-rays revealed slight scoliotic curvature to the spine and some decreased disc height at L5-S1), a list of current diagnoses (lumbar spine decreased disc space at L5-S1 with constant numbness and tingling in the lower extremities and decreased sensation in left L5-S1), and treatment to date (medication).

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI FOR THE LUMBAR SPINE WITHOUT CONTRAST: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM OCCUPATIONAL MEDICINE PRACTICE GUIDELINES, 2ND EDITION, 2004, CHAPTER 12 (LOW BACK COMPLAINTS), TABLE 12-8

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF

OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004),
LOW BACK COMPLAINTS, SPECIAL STUDIES AND DIAGNOSTIC TREATMENTS, 303-
304

Decision rationale: The ACOEM guidelines state that MRI may be recommended with documentation of red flag diagnoses where plain film radiographs are negative; objective findings that identify specific nerve compromise on the neurologic examination; failure of conservative treatment; and for patients who are considered for surgery. Within the medical information available for review, there is documentation of diagnoses of lumbar spine decreased disc space at L5-S1 with constant numbness and tingling in the lower extremities and decreased sensation in left L5-S1. In addition, there is documentation of objective findings that identify specific nerve compromise on the neurologic examination and failure of conservative treatment. Furthermore, there is documentation of lumbar spine x-rays identifying slight scoliotic curvature to the spine and some decreased disc height at L5-S1. Therefore, based on guidelines and a review of the evidence, the request for MRI for the lumbar spine without contrast is medically necessary.