

Case Number:	CM14-0019131		
Date Assigned:	04/23/2014	Date of Injury:	08/09/2013
Decision Date:	07/03/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/14/2014

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 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:

This is a 61-year-old female with a 8/9/13 date of injury. The patient injured her low back and a CT scan of the Lumbar spine from 10/25/13 revealed multilevel degenerative facet disease but no focal protrusion or central spinal stenosis identified. The patient was seen on 1/3/14 for intermittent back spasms as well as right foot and toe pain, 5/10 on VAS. Exam findings revealed negative straight leg raise. A peer to peer discussion took place on 1/22/14 and the requesting provider indicated that the patient had multiple symptoms that were confusing, including a progressive gait disorder, the etiology of which was not determined. It was discussed that there were no clear radicular symptoms. UR decision dated 1/23/14 denied the request for an MRI of the Lumbar spine given the patient recently had a CT of the lumbar spine and there has been no significant change of status in neurological symptoms to warrant an MRI.

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 WITHOUT CONTRAST: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines-Treatment for Workers' Compensation (TWC), MRI.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: CA MTUS supports imaging of the lumbar spine in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, failure to respond to treatment, and consideration for surgery. The patient's complaints have not significantly changed since her CT scan of the L spine on 10/23/13 and she has no focal neurological deficits on exam. The request for MRI of the L spine as submitted was not medically necessary.