

Case Number:	CM14-0123462		
Date Assigned:	08/11/2014	Date of Injury:	08/04/2011
Decision Date:	11/04/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	08/04/2014

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 Physical Medicine and Rehabilitation 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 41 year old female with an 8/4/2011 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 7/1/14 noted subjective complaints of lower back pain with radiation to bilateral lower extremities. Objective findings included lumbar tenderness and bilateral positive SLR, but normal sensation, motor and reflexes of lower extremities. A lumbar MRI 10/11 showed multi-level disc disease. Diagnostic Impression: lumbar strain, lumbar disc disorder. Treatment to date includes medication management, acupuncture, and home exercise. A UR decision dated 7/16/14 denied the request for MRI lumbar spine w/o dye. There is documented radicular pain but other than straight leg raising test, there are no documented positive neurologic exam findings consistent with nerve compromise. There is also no documentation of an acute clinical change since the date of the 2011 lumbar MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Lumbar spine w/o dye: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guideline (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter - MRI

Decision rationale: The 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. However, there were no unequivocal objective findings that identify specific nerve compromise on the neurologic examination. There was noted to be normal strength, sensation, and DTRs of the lower extremities bilaterally. There is no mention of surgical consideration. Additionally, there is no acute interval change that would warrant a repeat MRI. Therefore, the request for MRI lumbar spine w/o dye was not medically necessary.