

Case Number:	CM14-0129566		
Date Assigned:	08/22/2014	Date of Injury:	09/27/2010
Decision Date:	10/15/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/14/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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:

Medical records reflect the claimant is a 57 year old male who sustained a work injury on 9-27-10. On this date, the claimant was moving a package when he injured his lumbar spine. He had an MRI on 8-9-13 that showed a small disc protrusion at L5-S1 with associated annular tear without significant central stenosis. Exam on 6-26-14 notes the claimant reports intermittent pain in his low back with radiating pain to through is legs and into his ankles associated with numbness and tingling. On exam, the claimant had tenderness to palpation with myospasms, limited range of motion.

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 Guidelines, Treatment Index, 12th ed. (2004), Low Back- MRI's

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

Decision rationale: The ACOEM notes that an MRI is recommended as an option for the evaluation of select chronic LBP patients in order to rule out concurrent pathology unrelated to injury. This option should not be considered before 3 months and only after other treatment

modalities (including NSAIDs, aerobic exercise, other exercise, and considerations for manipulation and acupuncture) have failed. There is an absence in documentation noting that this claimant has neurological deficits or that there is progressive neurological deterioration. The claimant has nonspecific pain complaints that do not support the suspicion for nerve root impingement. Therefore, MRI Lumbar spine w/o dye is not medically necessary.