

Case Number:	CM14-0153719		
Date Assigned:	09/23/2014	Date of Injury:	06/10/2013
Decision Date:	11/26/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/19/2014

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 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 injured worker's date of injury is 06/10/2013. This patient receives treatment for chronic low back pain with numbness and tingling that radiates down the left leg. Medical records regarding the original injury were not provided. The patient has received ESIs and 2 dozen PT sessions. A lumber MRI dated 02/12/2014 showed bulging discs without nerve root compression. On physical exam the reflexes were 2+ and symmetrical. Motor strength was normal.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Lumbar Spine, Without Contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back chapter, MRI section

Decision rationale: A lumber MRI is reserved for those patients with clinical "red flags," such as cauda equina syndrome, metastatic cancer, osteomyelitis or discitis. This patient had one lumber MRI previously. There is no documentation of anew significant or new neurologic deficits. There is no plan for surgery. A new lumbar MRI is not medically necessary.

