

Case Number:	CM14-0153756		
Date Assigned:	09/23/2014	Date of Injury:	04/27/2014
Decision Date:	10/24/2014	UR Denial Date:	08/25/2014
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 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:

The patient is a 53-year-old female, who has submitted a claim for lumbar muscle strain associated with an industrial injury date of April 27, 2014. Medical records from 2014 were reviewed, which showed that the patient complained of low back pain, aching in character, radiating to the left leg. Physical examination of the lumbar spine showed limited range of motion (ROM) with spasm and tenderness. Tight hamstring was noted bilaterally. Muscle strength of lower extremities was graded 4/5. Straight leg raise test was negative. Reflexes were intact. Treatment to date has included medications and physical therapy. Utilization review from August 25, 2014 denied the request for outpatient MRI without contrast of the lumbar spine because neurological symptoms, radicular complaints and suspicion of red flag condition were not documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient MRI without contrast of the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back Chapter, MRIs (magnetic resonance imaging)

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: As stated on pages 303-304 of CA MTUS American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, it 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. In this case, there were no unequivocal objective findings that identify specific nerve compromise on the neurologic examination. There are no red flag diagnoses noted on the documents reviewed. There was no worsening of subjective complaints and objective findings to warrant such. Therefore, the request for MRI of the lumbar spine is not medically necessary.