

Case Number:	CM14-0168427		
Date Assigned:	10/16/2014	Date of Injury:	06/21/2006
Decision Date:	12/12/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/13/2014

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:

50 yr. old female claimant sustained a work injury on 6/21/06 involving the low back and right shoulder. She was diagnosed with lumbar and right shoulder strain and underwent a L4-L5 lumbar fusion and discectomy. She had post-laminectomy syndrome and chronic pain. She had been on oral analgesics and had used a TENS unit. A progress note on 4/17/14 indicated the claimant had continued back pain. Exam findings were notable for stiffness and paralumbar spasms. More recent exam findings or notes did not indicate new findings or neurological disorders. A request was made for an MRI of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Lumbar Spine.: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: According to the ACOEM guidelines, an MRI of the lumbar spine is recommended for red flag symptoms such as cauda equine, tumor, infection, or uncertain neurological diagnoses not determined or equivocal on physical exam. In this case, there were no

red flag findings or mention of planned repeat surgery. The MRI of the lumbar spine is not indicated is not medically necessary.