

Case Number:	CM14-0169277		
Date Assigned:	10/17/2014	Date of Injury:	04/04/2014
Decision Date:	11/19/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	10/14/2014

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 Occupational 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:

Injured worker is a male with date of injury 4/4/2014. Per primary treating physician's progress report dated 8/12/2014, the injured worker follows up for a lumbar strain. He has been working with restrictions. He feels the pattern of symptoms is not better. He is awaiting physiatrist consultation. On examination sensation and motor function are full throughout. There is moderate tenderness to palpation of the paravertebral muscles bilaterally of the lumbar region. There is no bony tenderness. There is no deformity. There is minimal spasm. Range of motion is diminished secondary to pain. Diagnosis is lumbar strain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat MRI of the lumbar spine without contrast as an outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM -- <https://www.acoempracguides.org>, Low Back, Table 2, Summary of Recommendations, Low Back Disorders

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 297, 303, 304, 309.

Decision rationale: The MTUS Guidelines do not recommend the routine use of MRI with low back complaints. MRI should be reserved for cases where there is physiologic evidence that

tissue insult or nerve impairment exists, and the MRI is used to determine the specific cause. MRI is recommended if there is concern for spinal stenosis, cauda equine, tumor, infection or fracture is strongly suspected, and x-rays are negative. Review of medical records indicates that the injured worker had an x-ray of lumbar spine on the date of injury, and an MRI was requested within the first month of the injury. The MRI was approved and scheduled to be done on 10/30/2014. This is an additional request for MRI, which appears to have been requested prior to completing the initial MRI. There are no red flags or significant changes in the injured worker's clinical condition that would indicate additional MRI is necessary. The request for Repeat MRI of the lumbar spine without contrast as an outpatient is determined to be not medically necessary.