

Case Number:	CM14-0175288		
Date Assigned:	10/28/2014	Date of Injury:	05/16/2012
Decision Date:	12/04/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/23/2014

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 Practice 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:

46 yr. old male claimant sustained a work injury on 5/6/2012 involving the left shoulder and lumbar spine. An MRI in 2012 indicated he had lumbar disc herniation of L4-S1 and a neurosurgeon stated he was not a surgical candidate. He had a normal EMG of the upper and lower extremities in April 2014. A progress note on 9/10/14 indicated the claimant had continued back pain. The lumbar spine had decreased range of motion and point tenderness to palpation in the paraspinal region. He was requested to see a neurosurgeon regarding surgery. The following month 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 for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back-Lumbar & Thoracic/MRIs (magnetic resonance imaging)

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 equina, tumor, infection, or uncertain

neurological diagnoses not determined or equivocal on physical exam. In this case, there was not a note from the neurosurgeon indicating need for another MRI or plan for surgery. There were not red flag symptoms or concerns. The request for an MRI of the lumbar spine is not medically necessary.