

Case Number:	CM14-0178980		
Date Assigned:	11/03/2014	Date of Injury:	01/23/2013
Decision Date:	12/08/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/28/2014

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 American Board of 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:

28 year old female claimant sustained a work injury on 1/23/13 involving the low back. She was diagnosed with a lumbar strain. An x-ray of the lumbar spine on 7/24/14 indicated she had L5-S1 disc space narrowing. A progress note on 8/20/14 indicated she also had previous CT scans of the lumbar spine. Results were not provided. Exam findings at the time were notable for an antalgic gait, tenderness in the lumbar spine, spasms, decreased range of motion and hypoesthesia in the L4 dermatome. She had undergone acupuncture therapy and returned to work as a cashier. An MRI of the lumbar spine was requested due to chronic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Lumbar Spine without Dye: Upheld

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

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. There were no red flag

symptoms. There was no plan for surgery or new recent injury. Prior X-rays did not indicate a red flag finding. The request for an MRI of the lumbar spine is not medically necessary.