

Case Number:	CM14-0179119		
Date Assigned:	11/03/2014	Date of Injury:	10/10/1989
Decision Date:	12/09/2014	UR Denial Date:	10/16/2014
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 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:

According to the records made available for review, this is a 51-year-old female with a 10/10/89 date of injury. At the time (10/9/14) of the request for authorization for MRI of the lumbar spine, there is documentation of subjective (increased lumbar spine pain with radiation into the left knee/leg) and objective (tender paravertebral muscles with spasm, tender left sacroiliac joint, positive straight leg raise) findings, current diagnoses (lumbar spine sprain/strain and left sacroiliac (illegible)), and treatment to date (medication and a home exercise program). There is no documentation of supportive objective findings.

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: 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): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, MRIs (magnetic resonance imaging)

Decision rationale: MTUS reference to ACOEM guidelines identifies documentation of red flag diagnoses where plain film radiographs are negative; objective findings that identify specific

nerve compromise on the neurologic examination, failure of conservative treatment, and who are considered for surgery, as criteria necessary to support the medical necessity of MRI. ODG identifies documentation of a condition/diagnosis (with supportive subjective/objective findings) for which an MRI is indicated (such as: lumbar spine trauma, uncomplicated low back pain [suspicion of cancer, infection, radiculopathy after at least 1 month conservative therapy, prior lumbar surgery or cauda equina syndrome], or myelopathy), as criteria necessary to support the medical necessity of a lumbar spine MRI. Within the medical information available for review, there is documentation of diagnoses of lumbar spine sprain/strain and left sacroiliac (illegible). In addition, given documentation of increased lumbar spine pain with radiation into the left knee/leg, there is documentation of a condition/diagnosis (with supportive subjective findings) for which an MRI is indicated (radiculopathy after at least 1 month conservative therapy). However, there is no documentation of supportive objective findings. Therefore, based on guidelines and a review of the evidence, the request for MRI of the lumbar spine is not medically necessary.