

Case Number:	CM14-0025859		
Date Assigned:	06/13/2014	Date of Injury:	05/07/2011
Decision Date:	07/21/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/28/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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:

The injured worker is a 57 year old female who sustained an injury to her low back on 05/07/11 when she tripped and fell, landing mostly on her right knee and forearm. Treatment to date has included activity modifications, medications, physical therapy, and injections. The injured worker had never returned to work, as restrictions could not be accommodated. Physical examination noted left leg sensory changes at L5; tenderness and muscle spasms along the lower thoracic paraspinal musculature; muscle spasms along the upper lumbar paraspinal musculature.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI LUMBAR WITHOUT CONTRAST: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, MRIs (magnetic resonance imaging).

Decision rationale: The request for an MRI of the lumbar spine without contrast is not medically necessary. The previous request was denied on the basis that the limited examination findings in the left leg are insufficient indication to warrant a lumbar MRI scan and there are no

unexplained examination findings documented in the upper extremities that require MRI scan of the neck and thoracic spine. There was no report of a new acute injury or exacerbation of previous symptoms. There was no mention that a surgical intervention was anticipated. There were no additional significant 'red flags' identified. Given the clinical documentation submitted for review, medical necessity of the request for MRI of the lumbar spine without contrast has not been established.