

Case Number:	CM14-0039106		
Date Assigned:	06/27/2014	Date of Injury:	01/11/2012
Decision Date:	08/13/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/03/2014

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:

This is a 29 year old female claimant sustained a work related injury on 1/11/12 involving the knees and low back. She was diagnosed with myofascial lumbar pain. A progress note on 3/18/14 indicated she had 6/10 low back pain. She had been using Naproxen, Tramadol, Sertraline, Lidopro and Flexeril as well as a heating pad for pain. In addition, she had undergone physical therapy. The treating physician requested physical therapy and an MRI of the lumbar spine due to worsening symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI on the lumbar without contrast: 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.

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 equine, tumor, infection, or uncertain neurological diagnoses not determined or equivocal on physical exam. In this case, the physical

exam or clinical diagnoses did not indicate red flag findings or plan for surgery. The request for an MRI was not substantiated, therefore is not medically necessary.