

Case Number:	CM14-0039126		
Date Assigned:	06/27/2014	Date of Injury:	12/10/2010
Decision Date:	11/26/2014	UR Denial Date:	03/05/2014
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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 52 year old female who had a work injury dated 12/10/10. The diagnoses include lumbosacral sprain/strain. Under consideration are requests for lumbar MRI. Per a 2/14/14 progress note the patient continues to complain of increasing low back pain radiating to the lower extremities. The examination revealed decreased lumbar range of motion and positive straight leg raise testing. For the lumbar spine it was noted that that the patient has shown subjective improvement in pain and stiffness and objective improvement in tenderness. She has shown benefit from current medications and therapy. The recommendation was for the patient is to continue Physical Therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

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- Lumbar & Thoracic (Acute & Chronic)- MRIs (magnetic resonance imaging)

Decision rationale: MRI of the lumbar spine is not medically necessary per the MTUS guidelines. The MTUS ACOEM guidelines state that indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. The ODG recommends lumbar MRI for progressive neurological deficit, myelopathy, trauma, or other red flag condition. The documentation does not indicate that the patient has a red flag condition or neurological deficit therefore an MRI of the lumbar spine is not medically necessary.