

Case Number:	CM14-0039597		
Date Assigned:	06/27/2014	Date of Injury:	06/07/2013
Decision Date:	08/13/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	04/04/2014

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 ABFP 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:

The 55 year old male patient sustained a work injury on 6/7/13 involving the low back while stocking pallets. An MRI of the lumbar spine performed in August 2013 indicated he had L5-S1 degenerative discs and L3-L4 foraminal stenosis. He was diagnosed with lumbar radiculopathy, lumbar facet syndrome and degenerative disc disease. A progress note on 11/12/13 indicated he had continued back pain despite completing chiropractic therapy. Exam findings were notable for paralumbar and facet tenderness. Neurological exam was normal. The treating physician recommended facet blocks and anti-inflammatory. An exam note on 1/6/14 indicated a normal exam with recommendations for RF ablation of the facet. A subsequent request was made for an MRI in February 2014 of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Lumbar Spine / outpatient.: Upheld

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

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 claimant had an MRI 6 months earlier and no recent exam suggests the need for another MRI. There is also no plan for surgery. The request for an MRI is not medically necessary.