

Case Number:	CM14-0041014		
Date Assigned:	06/30/2014	Date of Injury:	03/30/2013
Decision Date:	08/29/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/08/2014

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:

A 23 year old male sustained a work injury on 3/30/13 involving the low back. He was diagnosed with lumbar spine disc disease, lumbar radiculopathy and chronic pain. An electromyography (EMG) study in October 2013 showed chronic bilateral lumbar radiculopathy. The claimant had been on oral opioids for pain control. An epidural steroid injection in the past had helped reduce pain. A prior rhizotomy had not improved his symptoms. A progress note on 3/20/14 indicated the claimant had continued low back pain. Exam findings were notable for an antalgic gait, diffuse lumbar spasms, a positive Kemp's sign on the left side and reduced range of motion. The treating physician requested a magnetic resonance imaging (MRI) of the lumbar spine due to persistent back pain. An MRI on 3/20/14 of the lumbar spine showed disc protrusions in L3-S1 region.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of lumbar spine with 3D: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Lower Back - MRI Imaging.

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's diagnosis was known through physical exam and prior EMG findings. There were no red flag findings or plan for surgery. The request for an MRI of lumbar spine with 3D is not medically necessary.