

Case Number:	CM14-0041405		
Date Assigned:	06/27/2014	Date of Injury:	08/20/2003
Decision Date:	08/13/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/07/2014

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 Internal 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 employee was a 40 year old male who had sustained an industrial injury on 08/20/03. The mechanism of injury was not documented in the clinical records submitted. The symptoms were low back pain and left heel numbness and tingling. The medications included Zanaflex, Protonix, Voltaren, Norco and Ultram. In the progress note dated 09/23/13, he was noted to have low back pain with activity along with left heel numbness and tingling. He was noted to be attending Physical therapy. Objective findings included normal gait and arm swing without assistance devices. He was noted to have 5/5 strength in lower extremities and intact neurological examination. His diagnoses included lumbar sprain, lumbar disc degeneration and lumbar disc displacement. The plan of care included continued physical therapy, urine drug screen and continuation of medications. The request was for MRI of lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbar spine with contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: The employee was being treated for lumbar sprain and strain. He was undergoing physical therapy and was on oral medications including Norco. He had numbness and tingling in left foot, but with intact neurological examination. The request was for MRI lumbar spine. According to ACOEM guidelines, MRI or CT scan is recommended when cauda equina, tumor, infection or fracture are strongly suspected and plain film radiographs are negative, or have unequivocal objective findings that identify specific nerve compromise on neurologic examination. In this case, there are no red flags including fever, incontinence, weakness or altered sensation and the examination was neurologically intact. Given the absence of red flags and absence of nerve compromise, the request for lumbar MRI is not medically necessary or appropriate.