

Case Number:	CM14-0043171		
Date Assigned:	07/02/2014	Date of Injury:	03/22/2010
Decision Date:	08/20/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	04/10/2014

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 57 yr. old female claimant sustained a work injury on 3/22/10 involving the shoulders and low back. She was diagnosed with lumbar spine strain and left shoulder impingement. A progress note on 2/24/14 indicated the claimant had continued 9/10 back pain with radicular complaints. Physical findings were notable for paravertebral spasms with no sensory or reflex deficits. Since the claimant had not had an MRI since 2011, the treating physician requested an updated MRI to evaluate for diskopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Imaging (MRI) of the lumbar spine: 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 Chapter.

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 equina, tumor, infection, or uncertain neurological diagnoses not determined or equivocal on physical exam. In this case, there were no

new or acute symptoms. There were no red flag findings or concerns. The request for an MRI is not clinically indicated and therefore not medically necessary.