

Case Number:	CM14-0043507		
Date Assigned:	07/02/2014	Date of Injury:	06/02/2012
Decision Date:	08/19/2014	UR Denial Date:	04/02/2014
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:

65 yr. old male claimant sustained a work injury on 6/2/12 involving the knees, left shoulder, neck and low back. A progress note on 2/21/2013 indicated the claimant had six out of 10 pain in the low back, which increases with sitting, standing, walking, bending, squatting and lifting. Specifically the lumbar exam was notable for reduced flexion, extension, bending and rotation. There were paraspinal muscle spasms, weakness in the big toe dorsiflexion , and altered sensation in the lateral aspect of the foot and ankles. The diagnosis was lumbar sprain with the possibility of lumbar disc herniation. The treating physician recommended an MRI of the lumbar spine to rule out disc herniation. A lumbar spine MRI and March 30, 2013 indicated L4 - L5 disc extrusion, L2 - L3 disc protrusion, L3 - L4 disc protrusion and straightening of the lumbar spine. An x-ray of the lumbar spine on 5/23/13 showing spondylosis from T12-L1 to L5-S1. There was mild facet arthrosis in the lower lumbar spine with no acute fracture or vertebral instability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro-MRI Lumbar w/o contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 the exam findings did not show any red flag symptoms. There was no plan for surgery and the MRI and x-ray findings of the lumbar spine did not change the course of intervention or treatment. MRI of the lumbar spine was not medically necessary.