

Case Number:	CM14-0048093		
Date Assigned:	07/07/2014	Date of Injury:	05/19/2012
Decision Date:	08/25/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/16/2014

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 Emergency Medicine 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 patient has a reported date of injury on 5/19/2012. No mechanism of injury was provided. The patient has a diagnosis of Chronic right S1 radiculopathy and lumbar spine multi-level disc prolapse. According to the records provided, the patient complains of low back pain that radiating to the right lower extremity. Pain on 3/4/14 was rated at 5/10. The objective exam shows tenderness to the bilateral lumbar spine, limited range of motion, positive straight leg raise on right side and decreased right S1 sensory. A note from 3/4/14 states that an MRI of the lumbar spine was requested due to the increase in right radiculopathy. No actual prior MRI reports, advanced imaging or neurodiagnostic studies were provided for review. The medication list states that the patient is on Mentherm, Lenza patch, Cyclobenzaprine, Naproxen, Norco, Omeprazole, Quazepam and Tramadol. The prior UR on 3/28/14 recommends non-certification of 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 Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304, 309.

Decision rationale: As per ACOEM guidelines, imaging of the low back carries significant false positive risks and diagnostic confusion. Imaging should be reserved for patients under surgical consideration or those with red flag diagnoses. It is not recommended in patients with no red flags. The documentation provided does not support any red flag diagnoses and the patient's pain is stable. There is no note that the patient is a surgical candidate. The documentation does not support any medical need for imaging. As such, the request is not medically necessary.