

Case Number:	CM14-0055545		
Date Assigned:	07/09/2014	Date of Injury:	04/19/2010
Decision Date:	10/15/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/24/2014

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:

The claimant is a 45 yr. old female who sustained a work injury on 4/19/10 involving the neck, low back and knee. She was diagnosed with cervical /lumbar strain and knee derangement. A progress note on 2/24/14 indicated the claimant 7/10 pain in the back radiating to the legs. Exam findings were notable for lumbar paraspinal muscle tenderness and lumbar facet tenderness at L4-L5. Straight leg raise was positive on the left side and moderate knee pain. The treating physician requested an MRI of the lumbar spine due to subjective complaints.

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: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM

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, there were no

red flag findings. The symptoms were chronic and identified by the physical exam. There was no plan for surgery. The request for an MRI is not medically necessary.