

Case Number:	CM14-0062557		
Date Assigned:	07/11/2014	Date of Injury:	01/06/2012
Decision Date:	09/08/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	05/05/2014

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 Geriatrics and is licensed to practice in New York. 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 injured worker is a 57 year old woman with a date of injury of 1/8/11. She was seen by her physician on 3/31/14 with pain which was said to be the same. Medications were helping her and she was not able to obtain prior 'films'. Her physical exam showed normal reflexes, sensory and power testing to bilateral upper and lower extremities. Straight leg raise and bowstring were negative bilaterally and she was able to heel and toe walk. She had lumbar tenderness and range of motion decreased by 10%. Her femoral stretch was negative bilaterally. Her diagnoses were shoulder strain, lumbar strain, possible disc herniation, and cervical strain. At issue in this review is a MRI of the lumbosacral spine. A 10/12 MRI showed disc bulge at L3-4, L4-5 and L5-S1 with mild bilateral neural foraminal stenosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-310.

Decision rationale: This injured worker had prior radiographic studies including MRI of the lumbar spine in 10/12 with multilevel mild neural foraminal narrowing. MRI can be useful to identify and define low back pathology in disc protrusion and spinal stenosis. However, her lumbar pathology had been delineated and documented on prior studies. Her lumbar physical exam was also benign. In the absence of physical exam evidence of red flags, a repeat MRI of the lumbar spine is not medically necessary.