

Case Number:	CM14-0074620		
Date Assigned:	07/16/2014	Date of Injury:	11/14/2001
Decision Date:	09/16/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	05/22/2014

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 Occupational 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:

According to the records made available for review, this is a 55-year-old female with a 11/14/01 date of injury. At the time (4/2/14) of request for authorization for Magnetic Resonance Imaging (MRI) of the lumbar spine, there is documentation of subjective (low back pain bilaterally radiating to anterior leg causing difficulty walking, and burning feeling in hands and feet) and objective (tenderness over lumbar spine and facet joint, limited range of motion, and tenderness in sacroiliac joints bilaterally) findings, current diagnosis (lumbago), and treatment to date (medication). Medical report identifies a prior MRI completed more than 10 years ago. There is no documentation of red flag diagnoses where plain film radiographs are negative; objective findings that identify specific nerve compromise on the neurologic examination, failure of conservative treatment, or consideration for surgery.

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 Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304; TABLE 12-8.

Decision rationale: MTUS reference to ACOEM guidelines identifies documentation of red flag diagnoses where plain film radiographs are negative; objective findings that identify specific nerve compromise on the neurologic examination, failure of conservative treatment, and who are considered for surgery, as criteria necessary to support the medical necessity of MRI. Within the medical information available for review, there is documentation of lumbago. In addition, there is documentation of a prior MRI completed more than 10 years ago. However, there is no documentation of red flag diagnoses where plain film radiographs are negative; objective findings that identify specific nerve compromise on the neurologic examination, failure of conservative treatment, or consideration for surgery. Therefore, based on guidelines and a review of the evidence, the request for Magnetic Resonance Imaging (MRI) of the lumbar spine is not medically necessary.