

Case Number:	CM14-0108378		
Date Assigned:	08/01/2014	Date of Injury:	01/28/2014
Decision Date:	01/28/2015	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/11/2014

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, has a subspecialty in Public Health and is licensed to practice in Ohio. 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:

This individual is a 53 year old female with a 1-28-14 date of industrial injury. she fell and sustained a sprain to her lumbar spine, both knees, and injury to her front teeth. She has completed physical therapy for her back and does home exercises. She has been prescribed transdermal medications for pain control: FlurLido-A cream and UltraFlex-G cream. An X-Ray of the lumbar spine showed very mild disc space narrowing. No acute abnormalities were seen. During exam on 6-14-14, she continued to complain of low achy back pain and a pulling sensation. Objective signs included: Moderate tenderness in the paraspinal muscles bilaterally and decreased ROM. The individual does have a history of breast cancer. The utilization review on 6-24-14 was non-certified for an MRI of the Lumbar spine.

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: 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): 287-315. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low-Back- Lumbar and Thoracic (Acute and Chronic), MRI's (magnetic resonance imaging)

Decision rationale: MTUS and ACOEM recommend MRI, in general, for low back pain when "cauda equine, tumor, infection, or fracture are strongly suspected and plain film radiographs are negative, MRI test of choice for patients with prior back surgery" ACOEM additionally recommends against MRI for low back pain "before 1 month in absence of red flags". ODG states, "Imaging is indicated only if they have severe progressive neurologic impairments or signs or symptoms indicating a serious or specific underlying condition, or if they are candidates for invasive interventions. Immediate imaging is recommended for patients with major risk factors for cancer, spinal infection, cauda equina syndrome, or severe or progressive neurologic deficits. Imaging after a trial of treatment is recommended for patients who have minor risk factors for cancer, inflammatory back disease, vertebral compression fracture, radiculopathy, or symptomatic spinal stenosis. Subsequent imaging should be based on new symptoms or changes in current symptoms." The medical records did not specify which nerves were compromised during the neurological exam. Secondly, she is not experiencing a worsening of symptoms or exhibiting any "red flags". She does not meet guidelines for an MRI of the Lumbar spine, so it is deemed not medically necessary.