

Case Number:	CM14-0129932		
Date Assigned:	08/29/2014	Date of Injury:	01/06/2014
Decision Date:	03/30/2015	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/14/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Arizona, California

Certification(s)/Specialty: Family Practice

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 44 year old male, who sustained an industrial injury on January 6, 2014. He has reported motor vehicle accident. The diagnoses have included spondylolisthesis and WAD of the lumbar spine. Treatment to date has included X-ray of lower back, Magnetic resonance imaging of lumbar spine, chiropractic care time two which was discontinued due to increased pain, medication for pain and computed tomography scan of lumbar spine. Currently, the injured worker complains of constant low back pain and intermittent burning pain in the legs. In a progress note dated July 25, 2014, the treating provider reports lumbar spine examination revealed paravertebral muscle spasm and guarding of active range of motion. On August 4, 2014 Utilization Review non-certified a Magnetic resonance imaging of lumbar spine, noting, American College of Occupational and Environmental Medicine and Official Disability Guidelines was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF LUMBAR SPINE 72148: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back (updated 7/3/14)

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 equina, tumor, infection, or uncertain neurological diagnoses not determined or equivocal on physical exam. There were no red flag symptoms. There was no plan for surgery. The request for an MRI of the lumbar spine is not medically necessary. In this case, the claimant had an x-ray and a CT scan which indicated an L5-pars defect and spondylolisthesis. Exam findings noted a blunted reflex and the physician considered an epidural injection based on MRI findings. Based on uncertain neurological findings, plan for possible intervention and a discrepancy in CT and x-ray results, the request for an MRI of the lumbar spine is appropriate and medically necessary.