

Case Number:	CM14-0189390		
Date Assigned:	11/20/2014	Date of Injury:	04/02/2013
Decision Date:	01/08/2015	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/13/2014

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 Medicine and is licensed to practice in Colorado. 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 case involves a 49 year old female with date of injury 4/2/2013 and continues care with the treating physician. The patient complains of stabbing low back pain radiating to left lower leg. The records supplied do not indicate any objective findings for neuropathy or radiculopathy. The patient is maintained on medications; however, she has had little relief so further evaluation and pain management is being requested. The treating physician requests MRI of 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, MRIs, Indications for Imaging; Magnetic Resonance Imaging

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 336.

Decision rationale: The MTUS Guidelines do not address MRI, so ACOEM Guidelines were consulted. Per the ACOEM, there is insufficient evidence to recommend MRI for acute Low Back Pain in the first 6 weeks except in the following "red flag" situations: demonstrated progressive neurologic deficit, cauda equina syndrome; significant trauma with no improvement

in atypical symptoms; a history of neoplasia (cancer); or atypical presentation (e.g., clinical picture suggests multiple nerve root involvement) . An MRI may also be reasonable in the first few weeks of radiculopathy if epidural steroid injection is being considered for temporary pain relief. An MRI is recommended for subacute/chronic radicular pain (at least 4 to 6 weeks) when the symptoms are not improving and when surgical intervention is being considered if the MRI verifies nerve impingement. An MRI may be recommended for prolonged low back pain (more than 3 months), radiculopathy not specified, to rule out other pathology if treatment options have failed. However, per the ACOEM, that recommendation does not have sufficient evidence to support an MRI. The records supplied do not include any legible physical findings that suggest neuropathy or radiculopathy, and the history in the available records does not suggest any "red flags." Based on a lack of documentation of any neurological deficits / concerns, this request is not medically necessary.