

Case Number:	CM14-0192012		
Date Assigned:	11/25/2014	Date of Injury:	08/31/1999
Decision Date:	01/12/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/17/2014

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 practice 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:

72 year old female claimant sustained a work injury on 8/31/99 involving the neck and low back. She developed lumbar disc disease with radiculopathy and underwent a lumbar fusion in 2002 and subsequently a removal of hardware in 2008. An x-ray of the lumbar spine in 2013 showed post-operative changes consistent with post-operative laminectomies. A progress note on 9/4/14 indicated the claimant had 5/10 pain with medications. She had been on Norco and Lidoderm patches. Exam findings of the lumbar spine were notable for limited range of motion and paravertebral spasms on the right side. Sensation was decreased in the L4-L5 dermatome. The physician requested an EMG/NCV of the lower extremities and 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 Lumbar Spine without Contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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 equine, tumor, infection, or uncertain

neurological diagnoses not determined or equivocal on physical exam. It is indicated if there was a plan for surgery. In this case, there was no indication of any of the above. The claimant had findings that were chronic and consistent with prior radicular symptoms and changes related to surgeries. The MRI of the lumbar spine is not medically necessary.