

Case Number:	CM14-0193640		
Date Assigned:	12/02/2014	Date of Injury:	09/29/2014
Decision Date:	01/14/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	11/20/2014

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:

This is a 38-year-old female with a 9/29/14 date of injury, when she was lifting up the ladder and twisted her right lower back. The patient was seen on 10/28/14 with complaints of dull back pain. The patient denied weakness, numbness and tingling in the lower extremities. Exam findings revealed normal gait, normal range of motion of the lumbar spine and intact sensation to light touch and pinprick in all dermatomes of the bilateral lower extremities. There was tenderness to palpation of the thoracolumbar spine and paravertebral musculature. The diagnosis is lumbosacral sprain, sciatica and lumbago. Radiographs of the lumbar spine dated 10/7/14 revealed no acute findings. Treatment to date: work restrictions, PT, chiropractic treatments and medications. An adverse determination was received on 11/7/14 for a lack of hard red flags and that patient was scheduled for an MMI in next week.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Lumbar: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back

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

Decision rationale: CA MTUS supports imaging of the lumbar spine in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, failure to respond to treatment, and consideration for surgery. However, there were no unequivocal objective findings that identify specific nerve compromise on the neurologic examination. In addition, the patient denied weakness, numbness and tingling in the lower extremities. Therefore, the request for MRI of the lumbar spine was not medically necessary.