

Case Number:	CM14-0201423		
Date Assigned:	12/11/2014	Date of Injury:	01/04/2012
Decision Date:	01/28/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	12/02/2014

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:

50 yr. old female claimant sustained a work injury on 1/4/12 involving the neck and back. She was diagnosed with cervical, thoracic and lumbar strain. An MRI of the spine in 2012 and 2013 showed cervical spine disc bulging, disc changes in L4-S2 and thoracic disc bulging. A progress note on 11/12/14 indicated the claimant had not benefited from an epidural injection in the past. Her pain was 6/10 with medications and 9/10 without. She had bilateral leg numbness and weakness. Her pain had been managed with Norco. Exam findings were notable for a positive straight leg raise test on the right side and decreased range of motion of the spine. There was tenderness and spasms in the paraspinal region. The physician requested an MRI of the lumbar spine due to the radiculopathy.

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

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 claimant had prior MRIS findings consistent with current clinical findings. The request for another MRI of the lumbar spine is not medically necessary.