

Case Number:	CM14-0217375		
Date Assigned:	01/07/2015	Date of Injury:	11/27/2001
Decision Date:	04/09/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	12/29/2014

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 54-year-old female, who sustained an industrial injury on 11/27/2001. The diagnoses have included herniated disc lumbar spine. Treatment to date has included medications, diagnostic imaging and activity modification. Magnetic resonance imaging (MRI) of the lumbar spine dated 8/27/2014 revealed bilateral facet hypertrophy and bilateral foraminal narrowing at L4-5 with an L5 disc protrusion and bilateral facet hypertrophy and bilateral foraminal narrowing at L5-S1 with a posterior disc protrusion. Currently, the IW complains of lower back pain rated as 8/10. Objective findings included palpable tenderness and spasm over the paravertebral musculature. Flexion shows 30" lacking from fingertips to floor, extension is 0 degrees. On 12/17/2014, Utilization Review non-certified a request for a repeat MRI of the lumbar spine noting that the clinical information submitted for review fails to meet the evidence based guidelines for the requested service. The ACOEM Guidelines were cited. On 12/29/2014, the injured worker submitted an application for IMR for review of MRI 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 Page(s): 303-304.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 309.

Decision rationale: MTUS/ACOEM recommends MRI LSPINE if there are specific red flag findings on history and musculoskeletal and neurological examination. The records do not document such red flag findings at this time. The records do not show any neurological examination changes since a prior MRI to suggest an indication for repeat imaging. The rationale/indication for the requested lumbar MRI are not apparent. This request is not medically necessary.