

Case Number:	CM15-0134606		
Date Assigned:	07/22/2015	Date of Injury:	08/14/2010
Decision Date:	08/18/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/13/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 38 year old female with an industrial injury dated 08/14/2010. Her diagnoses included cervical spine sprain/strain with two small disc herniations, lumbar spine disc with left sided radiculopathy, thoracic spine sprain, alleged psychological trauma and recent gastric stapling. Prior treatment included physical therapy and medication. She presents on 01/08/2015 (most current progress note available) with neck pain, back pain, stress and anxiety issues. She feels she has been having panic attacks. She has excessive worry and crying spells which she feels is triggered by her pain. Physical exam noted stiffness and spasm of the neck as well as the back. She was tearful in the office. The request is for MRI lumbar spine without contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI lumbar spine w/o contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back (updated 5/15/2015), 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 physical exam did not outline lumbar or lumbar related neurological abnormalities that would warrant an MRI. The request for an MRI of the lumbar spine is not medically necessary.