

Case Number:	CM14-0120313		
Date Assigned:	08/06/2014	Date of Injury:	09/12/2013
Decision Date:	10/20/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/30/2014

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 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:

The injured worker is a 62 year old female who sustained an injury to her low back on 09/12/13 while performing her usual and customary duties as a caregiver; she was pushing a client in a wheelchair, after which she felt neck pain radiating down into the arms, back, and legs like a pins/needles sensation. The injured worker saw the company doctor, was given Ibuprofen and Flexeril. Progress report dated 06/11/14 noted that the orthopedic complaints primarily in her neck/back remained quite prominent and were becoming increasingly difficult for her to tolerate. Physical examination noted abdomen tenderness in the left lower quadrant; no mid epigastric tenderness. There was no recent detailed physical examination of the lumbar spine and no imaging studies provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Imaging

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, MRIs (magnetic resonance imaging)

Decision rationale: The request for MRI of the lumbar spine is not medically necessary. Previous request was denied on the basis that the clinical documentation submitted for review does not indicate presence of 'red flags' or severe/progressive neurological deficits to warrant the imaging modality. There was no objective evidence in the records of sensory/motor deficits consistent with focal new nerve root compression or that initial conservative care such as medications, activity modifications, and physical therapy has failed at this time. There was no clearly indicated clinical rationale for the proposed MRI. There was no documentation of employment of other diagnostic modalities such as plain radiographs prior to this request. There was no report of new acute injury or exacerbation of previous symptoms. There was no mention that a surgical intervention was anticipated. Given this, the request for MRI of the lumbar spine is not indicated as medically necessary.