

Case Number:	CM14-0162089		
Date Assigned:	10/07/2014	Date of Injury:	05/06/2013
Decision Date:	11/04/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/02/2014

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 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 injured worker's date of injury is 05/06/2013. This patient receives treatment for chronic low back pain. The patient is treated with these medications: Pamelor, Ultram, and Norco 10/325 mg. The patient has received physical therapy. Plain films of the lumbar spine are within normal limits. A lumbar magnetic resonance imaging (MRI) on 09/25/2013 showed bulging discs and some foraminal stenotic changes. Electrophysiologic testing is negative for radiculopathy. The physician notes the patient has low back pain with radiation to buttocks and legs with occasional tingling in the low back and buttocks. On exam there is lower back tenderness. Flexion is to 60 degrees and extension 10 degrees. Neurologic exam is normal and SLR exam is negative at 90 degrees.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Low Back Chapter

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

Decision rationale: The treating physician recommended the patient have a lumbar magnetic resonance imaging (MRI) for the diagnoses of "mechanical low back pain" and "possible lumbar radiculopathy." The most recent clinical notes of both the history and physical exam of the back and lower extremities do not indicate any clinical "red flags." Clinical red flags are those indicators that support MRI imaging of the lumbar spine. Electrophysiologic testing is negative for radiculopathy. The patient already had a lumbar MRI. Based on the documentation, another lumbar MRI is not medically indicated.