

Case Number:	CM14-0162619		
Date Assigned:	10/07/2014	Date of Injury:	05/01/2012
Decision Date:	11/03/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	10/03/2014

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 Physical Medicine and Rehabilitation 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 36-year-old male who sustained an injury on 4/12/12. As per the 8/26/14 report, which was the only available report, he presented to the office complaining of frequent flare-ups of pain around his low back region radiating into his bilateral lower extremities and into his bilateral feet, left worse than right. He rated the pain at 8/10. Pain was exacerbated with prolonged standing/walking activities and with a few ADLs. Examination revealed tenderness over the spinous processes of the lower lumbar spine from L3 to L5-S1 and decreased ROM at flexion 50 degrees, extension 15 degrees, and lateral bending 15 degrees bilaterally. He had increased low back pain upon the extremes of all ROM about his lumbar spine. The previous UR summary suggests that he previously had MRI of the lumbar spine, but no relevant report or documentation was provided. He is currently taking Norco and Anaprox. Diagnosis includes herniated nucleus pulposus of the lumbar spine with radiculopathy.

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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG) Low back - Lumbar & Thoracic

Decision rationale: According to the CA MTUS guidelines, MRI of lumbar spine is reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. According to the ODG, MRI is recommended in: Lumbar spine trauma with neurological deficits, or with seat belt fracture (if focal, radicular findings or other neurologic deficits); uncomplicated low back pain with suspicion of cancer, infection or other red flags; uncomplicated low back pain with radiculopathy after at least 1 month conservative therapy or sooner if severe progressive neurologic deficit; uncomplicated low back pain with prior lumbar surgery; uncomplicated low back pain with cauda equina syndrome; Myelopathy. In this case, the medical records do not document the above criteria are met. There is no documentation of at least one month conservative treatment. There is no evidence of any red flag signs, history of past or plan for lumbar surgery, history of trauma, progressive neurological deficits or cauda equina syndrome. Therefore, MRI Lumbar Spine is not medically necessary.