

Case Number:	CM14-0096509		
Date Assigned:	07/28/2014	Date of Injury:	10/13/2008
Decision Date:	09/19/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	06/24/2014

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 & 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:

According to the records made available for review, this is a 64-year-old female with a 10/13/08 date of injury. At the time (6/5/14) of request for authorization for MRI lumbar, there is documentation of; subjective low back pain radiating to the lower extremities with numbness and tingling, and objective antalgic gait, decreased lumbar range of motion, decreased sensation in the right L4, L5 and S1 dermatomes, decreased ankle reflexes, and positive straight leg raise test findings. The current diagnoses: lumbosacral neuritis and low back pain, and treatment to date: medications. In addition, medical report identifies a request to continue medications, start new medications, and start acupuncture therapy for acute low back pain. There is no documentation of red flag diagnoses where plain film radiographs are negative and failure of conservative treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI lumbar: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: MTUS reference to ACOEM guidelines identifies documentation of red flag diagnoses where plain film radiographs are negative, objective findings that identify specific nerve compromise on the neurologic examination, failure of conservative treatment, and who are considered for surgery, as criteria necessary to support the medical necessity of MRI. Within the medical information available for review, there is documentation of diagnoses of lumbosacral neuritis and low back pain. In addition, given documentation of objective (decreased sensation in the right L4, L5 and S1 dermatomes and decreased ankle reflexes) findings, there is documentation of objective findings that identify specific nerve compromise on the neurologic examination. However, given no documentation of lumbar x-rays, there is no documentation of red flag diagnoses where plain film radiographs are negative. In addition, given documentation of a request to continue medications, start new medications, and start acupuncture therapy for acute low back pain, there is no documentation of failure of conservative treatment. Therefore, based on guidelines and a review of the evidence, the request for MRI lumbar is not medically necessary.