

Case Number:	CM14-0212439		
Date Assigned:	01/02/2015	Date of Injury:	10/13/2014
Decision Date:	03/13/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/18/2014

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. 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 has a date of injury on 10/13/14. This injury was caused by lifting heavy objects. He is reporting intermittent low back pain with radiation into the right lower limb. Treatment interventions have included chiropractic therapy, ibuprofen, Flexeril and tramadol. Physical examination is notable for right spinal list, vertebral muscle spasms and limited lumbar range of motion secondary to pain. Left ankle reflex is absent. There is decreased sensation over the medial calf. Motor exam is normal. Request was made for lumbar MRI for treatment diagnosis of lumbar radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305, 309.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-309.

Decision rationale: The injured worker presents with acute low back pain of less than 1 months onset, with radiation into the left lower limb. He has been diagnosed with lumbar radiculopathy. There are no reported signs or symptoms of cauda equina or other red flags. MTUS guidelines recommends continuation of conservative treatment without imaging studies for more than one-month in absence of red flags. In the case of the injured worker, there has not been persistent symptoms for greater than one month with possibility of potentially serious pathology. Request for lumbar MRI is not medically necessary.