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| Case Number: | CM14-0219086 | | |
| Date Assigned: | 01/09/2015 | Date of Injury: | 08/28/2009 |
| Decision Date: | 03/17/2015 | UR Denial Date: | 12/10/2014 |
| Priority: | Standard | Application Received: | 12/31/2014 |

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: Family Practice

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 41 year old male, who sustained an industrial injury on 8/28/2009. He reported back pain and initial injury details were not included. Treatment to date has included medication management, physical therapy and acupuncture. Diagnoses included post carpal tunnel release and ulnar shortening 11/24/2010, left wrist pain and low back pain. Currently, the injured worker complains of pain and discomfort in the lower back and pain in bilateral feet. Treatment plan included medication management and a diagnostic lumbar magnetic resonance imaging. On 12/10/2014 Utilization Review non-certified a magnetic resonance imaging noting the lack of medical necessity due to lack of plain film radiographs and no neurological deficits documented. The MTUS and Official Disability Guidelines were cited. On 12/30/2014, the injured worker submitted an application for IMR for review of lumbar magnetic resonance imaging.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging) of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Chapter - Lumbar & Thoracic (Acute & Chronic), magnetic resonance imaging (MRI)

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

Decision rationale: According to ACOEM guidelines, imaging of the low back should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. Red flags consist of fracture, tumor, infection, cauda equina syndrome/saddle anesthesia, progressive neurologic deficit, dissecting abdominal aortic aneurysm, renal colic, retrocecal appendix, pelvic inflammatory disease, and urinary tract infection with corresponding medical history and examination findings. The medical records do not establish clinical signs consistent with a focal neurologic deficit in a dermatomal or myotomal pattern to cause concern for lumbar radiculopathy. Without evidence of cervical nerve root compromise or other red flag findings, proceeding with lumbar magnetic resonance imaging is not indicated.