

Case Number:	CM15-0011731		
Date Assigned:	01/29/2015	Date of Injury:	08/01/2014
Decision Date:	03/18/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/20/2015

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: District of Columbia, Virginia
Certification(s)/Specialty: Internal Medicine

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 59 year old female sustained an industrial injury on 8/1/14. She subsequently reports chronic low back pain. Diagnoses include chronic low back pain, lumbar radiculopathy and scoliosis of lumbar spine. An MRI of the lumbar spine was performed on 12/5/14. Medications include Ibuprofen. The UR decision dated 1/5/15 non-certified MRI Lumbar Spine. The MRI Lumbar Spine was denied based on ACOEM Low Back Complaints- Special Studies and Diagnostic and Treatment Considerations and ODG Low Back guidelines.

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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

Decision rationale: Per ACOEM guidelines, an MRI of the lower back has shown efficacy in the setting of spine trauma with neurologic deficit, suspicion of cancer, uncomplicated low back

pain with radiculopathy after at least one month of conservative therapy or progressive myelopathy. The medical file does not document radiculopathy with failure to respond to 4 weeks of conservative therapy, progressive neurological deficit, myelopathy or suspicion of cancer. This patient had unremarkable findings on physical exam and nothing to suggest neurologic compromise or a medical condition, as described above. MRI would not be indicated.