

Case Number:	CM14-0141618		
Date Assigned:	09/10/2014	Date of Injury:	08/04/2014
Decision Date:	10/17/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/02/2014

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 Internal Medicine 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 49 year old male who sustained an injury to his low back on 08/04/14 while lifting a heavy marble slab; he experienced an acute onset of back and leg symptoms. Plain radiographs of the lumbar spine dated 08/06/14 revealed mild degenerative disc disease localized to the L5-S1 level; possible mild offset between the fifth lumbar vertebral body and the first single segment is adjusted. Evaluation dated 08/04/14 reported that the injured worker continued to complain of low back pain that extends down about to the level of the knee with associated numbness. Patient noted normal coronal/sagittal balance; significant limitation of range of motion with flexion, extension and lateral bending secondary to back pain symptoms; palpation noted midline tenderness of the paraspinal muscle tear of the mid lumbar spine; nonantalgic gait; motor function limited; positive straight leg raise left.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI WITHOUT CONTRAST OF THE LUMBAR SPINE, LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back chapter, MRIs (magnetic resonance imaging)

Decision rationale: The previous request was denied on the basis that on physical examination, there is paralumbar tenderness with decreased range of motion able to heel/toe walk. There were no focal neurologic deficits. There was no report of a new acute injury or exacerbation of previous symptoms. There was no mention that a surgical intervention is anticipated. There were no additional significant red flags identified. Given this, the request for MRI without contrast of the lumbar spine has not been established. Therefore, the request for MRI without contrast of the lumbar spine, lumbar spine is not medically necessary and appropriate.