

Case Number:	CM14-0145933		
Date Assigned:	09/12/2014	Date of Injury:	05/28/2014
Decision Date:	10/06/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/08/2014

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 Family Practice 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:

This is a 52 year old female claimant sustained a work injury on 5/28/14 involving the low back. She was diagnosed with contusion of the lumbar spine. She had undergone physical therapy. An orthopedic evaluation on 7/15/14 indicated the claimant had 6/10 back pain. She had been using analgesics. Exam findings were notable for reduced range of motion of the lumbar spine. There were no nerve impingement findings and abnormal neurological findings. The paralumbar region had spasms. The physician requested an MRI of the lumbar spine and aggressive physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2014, Low Back, MRIs (magnetic resonance imaging)

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

Decision rationale: According to the ACOEM guidelines, an MRI of the lumbar spine is recommended for red flag symptoms such as cauda equina, tumor, infection, or uncertain neurological diagnoses not determined or equivocal on physical exam. In this case, there was no indication of red flag symptoms. There was no plan for surgery. A prior x-ray was not noted to suggest the need for an MRI. The request for an MRI of the lumbar spine is not medically necessary.