

Case Number:	CM14-0200784		
Date Assigned:	12/11/2014	Date of Injury:	08/25/2014
Decision Date:	10/13/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	12/01/2014

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: Arizona, 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 a 29 year old female who sustained an industrial injury on 8-25-14. She had complaints of right hand, left ankle, head and hip pain. Treatments include: medications, hot cold pack therapy, electric stimulation therapy, therapeutic exercise per grid, ultrasound therapy, myofascial release, and paraffin in right hand. Progress report dated 10-23-14 reports continued complaints of head, left ankle, right hand and hip pain. The pain comes, goes, and increases with movement in right buttock along with numbness. She also has swelling in her left ankle. Diagnoses include contusion of scalp and neck, neck sprain and strain, contusion of right buttock, ankle sprain and strain, and right hand sprain and strain. Plan of care includes: prescribe naproxen, request MRI of lumbar spine. Follow up on 11-6-14.

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 without Contrast: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation ODG Low Back (updated 10/28/14).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

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. There were no red flag symptoms. There was no plan for surgery. The request for an MRI of the lumbar spine is not medically necessary.