

Case Number:	CM13-0000706		
Date Assigned:	06/04/2014	Date of Injury:	05/14/2013
Decision Date:	09/05/2014	UR Denial Date:	05/23/2013
Priority:	Standard	Application Received:	06/14/2013

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 Medicine and is licensed to practice in New Jersey. 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 worker is a 42 year old male who was injured on 5/14/2013. He was diagnosed with lumbar strain and pain the next day after seeing his physician. He initially was recommended physical therapy, oral medications and a modified work load. On 5/16/2013, he was again seen by his treating physician with no change in his continual low back pain, and worse with prolonged sitting or standing, with a reported pain level of 10/10 on the pain scale. No paresthesias or radicular pain was reported. Physical examination revealed tenderness, spasm, and restricted motion of his lower back. No sensory deficit was found. His treating physician then recommended a lumbar spine MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

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

Decision rationale: The MTUS ACOEM Guidelines state that patients with low back complaints/injuries typically do not need any imaging studies for the first 4-6 weeks of

conservative treatment and observation, unless there is evidence of a red flag. Prior to consideration of MRI studies of the spine, there needs to be unequivocal objective findings that identify nerve compromise on the neurologic after failing conservative treatment. In the case of this worker, there was no evidence of neurological compromise, and MRI was recommended prior to the recommended 6 weeks of conservative therapy. Therefore, the lumbar MRI is not medically necessary.