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| Case Number: | CM13-0042321 | | |
| Date Assigned: | 04/25/2014 | Date of Injury: | 04/06/2013 |
| Decision Date: | 06/11/2014 | UR Denial Date: | 10/12/2013 |
| Priority: | Standard | Application Received: | 10/30/2013 |

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 Orthopedic Surgery, has a subspecialty in Spine Surgery, and is licensed to practice in Texas and 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 53-year-old female who reported an injury on 04/06/2013 at work by lifting something heavy and sustained back pain. The injured worker complained of bilateral lumbar pain that was constant and dull. The progress report from 10/02/2013 reported the injured worker complained of constant low back pain, with intermittent radiating pain down to right upper leg accompanied with intermittent numbness all the way down to the right leg. At the time of the progress note, the injured worker had not started physical therapy although it had been recommended, however, it was noted that the injured worker had a heart attack on 05/18/2013. The physical exam performed on 08/07/2013 showed lumbosacral spine measured forward flexion was to 70 degrees, extension was to 20 degrees, lateral flexion was to 30 degrees to the left and 20 degrees to the right. The injured worker was also shown to have negative straight leg raises and diminished bilateral plantar deep tendon reflexes to 1+. The progress note also stated the abdominal and back muscles showed grossly normal strength testing and the sensation in the extremity is grossly normal. No motor or sensory deficits were noted with motion of the extremity. The request for authorization submitted on 08/07/2013 was for a MRI (magnetic resonance imaging) of the Lumbar Spine due to back sprain/ strain.

IMR ISSUES, DECISIONS AND RATIONALES

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

MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR, WITHOUT CONTRAST MATERIAL, AS OUTPATIENT:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 303-305.

Decision rationale: The request for a MRI (magnetic resonance imaging) of the Lumbar Spine is non-certified. The injured worker complained of bilateral lumbar pain after lifting something heavy at work on 04/06/2013. The California MTUS/ACOEM guidelines state there is to be unequivocal evidence of neurologic dysfunction after 6 weeks of treatment to warrant imaging. The injured worker was not shown to have attempted conservative care with the exception of medications and according to the progress notes has no significant neurologic dysfunction. Therefore, the request is non-certified.