

Case Number:	CM13-0049204		
Date Assigned:	12/27/2013	Date of Injury:	03/02/2012
Decision Date:	04/30/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/07/2013

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 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:

Patient reported an industrial injury on 3/2/12. The patient was diagnosed with an open distal radius intra-articular comminuted fracture, left forearm distal radius shaft and ulnar shaft fractures. The patient underwent open reduction internal fixation surgery on 3/3/12 and subsequent left wrist hardware removal and carpal tunnel release on 5/16/13. Exam notes from 10/9/13 demonstrate the patient has persistent symptoms of low back and left wrist pain. Back pain was described as dull, throbbing pain with radiating pain to lower extremities, no numbness or tingling. Exam revealed that gait was normal, range of motion was unrestricted, straight leg raise from supine was positive at 90 degrees bilaterally. X-rays of the wrist show that the fracture has healed. Request is for MRI of the lumbar spine.

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: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: In this particular patient there is no indication of criteria for an MRI based upon physician documentation or physical examination findings. There is no documentation nerve root dysfunction or failure of a treatment program such as physical therapy in the exam notes from 10/9/13. Therefore, the request of the MRI of the lumbar spine is not medically necessary and appropriate and is non-certified