

Case Number:	CM13-0062252		
Date Assigned:	12/30/2013	Date of Injury:	06/01/2012
Decision Date:	05/29/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/06/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in Texas. 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 46-year-old male who reported an injury on 06/01/2012, due to repetitive trauma. The injured worker reportedly sustained an injury to his low back. The injured worker's treatment history included physical therapy and medications. The injured worker underwent an electromyography/nerve conduction velocity (EMG/NCV) that did not record any negative findings. The injured worker was evaluated on 11/18/2013, with complaints of increasing low back pain. The physical findings included continued and increasing low back pain rated at 4/10 to 5/10 that is decreased by 50% with medications. The injured worker's medications included meloxicam 15 mg and Tizanidine 4 mg. The injured worker's diagnoses included carpal tunnel syndrome, status post right carpal tunnel release and shoulder region dysfunction status post surgical intervention. The injured worker's treatment plan included continuation of medications and an MRI of the lumbar spine secondary to persistent symptoms that are not improved with physical therapy.

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: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: The MTUS/ACOEM Guidelines recommend imaging studies for injured workers who have clinically evident nerve root pathology upon examination. The clinical documentation submitted for review does not provide any evidence of nerve root pathology or radiculopathy. There is no documentation of decreased motor strength, disturbed sensation in a dermatomal distribution, or decreased reflexes. Therefore, the need for an MRI of the lumbar spine is not supported. As such, the requested MRI of the lumbar spine is not medically necessary or appropriate.