

Case Number:	CM14-0002963		
Date Assigned:	06/27/2014	Date of Injury:	08/29/2011
Decision Date:	08/14/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	01/08/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, 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:

The injured worker is a 42-year-old male who reported an injury on 8/29/11. The mechanism of injury was not provided for review. On 5/6/14, the injured worker presented with low back pain. Upon examination, there was muscular tenderness with decreased range of motion of the low back and a negative straight leg raise. The diagnoses were status post microdiscectomy L4-5 on 5/23/13, left lower extremity radiculopathy, and situational depression. Prior treatment included medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

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

Decision rationale: The California MTUS/ACOEM guidelines state that unequivocal or objective findings identifying specific nerve compromising on the neurological exam are sufficient evidence to warrant imaging in injured workers who do not respond to treatment. However, it is also stated that when a neurologic exam is clear, further physiological evidence of

nerve dysfunction should be obtained before ordering an imaging study. The documentation submitted for review noted physical exam findings of muscular tenderness, decreased range of motion, and a negative straight leg raise. The included medical documents failed to show evidence of significant neurological deficits on physical examination. Additionally, documentation failed to show that the injured worker has tried and failed an adequate course of conservative treatment. In the absence of documentation showing the failure of initially recommended conservative care, including active therapies, and neurological deficits on a physical exam, an MRI is not supported by the referenced guidelines. As such, the request is not medically necessary.