

Case Number:	CM14-0006920		
Date Assigned:	04/07/2014	Date of Injury:	10/14/2013
Decision Date:	05/27/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	01/18/2014

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 & 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 reported an injury on 10/14/2013. The mechanism of injury was the injured worker was pushing a passenger in a wheelchair who weighed over 300 pounds and the injured worker noticed an onset of pain in the neck, left shoulder, mid back, low back, and left hip. Other treatments included x-rays of the low back, left hip, medication, and physical therapy. Diagnosis was lumbar sprain and strain. Documentation of 12/30/2013 revealed a decreased range of motion. The request per the application of independent medical review was for an 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 LUMBAR: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 12 Low Back Complaints Page(s): 303-305.

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

Decision rationale: The ACOEM Guidelines indicate that an MRI is appropriate when there are findings of unequivocal myotomal and dermatomal findings that identify specific nerve root compromise on the neurologic examination. There was no PR-2 or DWC form RFA submitted

for review. As such, there were no objective findings to support the submitted request. Given the above, the request for MRI lumbar is not medically necessary.