

Case Number:	CM14-0009626		
Date Assigned:	02/14/2014	Date of Injury:	06/13/2000
Decision Date:	06/24/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	01/24/2014

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 Neurological 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:

The injured worker is a 42-year-old female injured on June 13, 2000. The mechanism of injury is not specified. The most recent clinical documentation is dated February 4, 2014. It indicates that the injured worker presents with continued complaints of low back pain and new complaints of G.I. upset with vomiting. The physical examination documents diminished lumbar range of motion in all planes, a positive straight leg raise and radiculopathy to the left foot and right knee. The progress note dated January 4, 2014 documents similar complaints with examination showing spasm through the paraspinal muscles and again a positive straight leg raise with radiculopathy. The injured worker is documented as having presented to the emergency department on January 2, 2014. The utilization review in question was rendered on January 10, 2014. The reviewer noncertified a request for an MRI lumbar spine. The reviewer indicates, that while there was a recent flareup of low back pain requiring a trip to the emergency department, the pain has since subsided and there has been a document progression of the neurological deficit that would warrant advanced imaging.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) MRI OF THE LUMBAR SPINE: Upheld

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

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

Decision rationale: The California Medical Treatment Utilization Schedule (CAMTUS) and American College of Occupational and Environmental Medicine (ACOEM) do not address this topic as such. The ACOEM does support the use of MRI for subacute and chronic radicular pain syndromes in individuals who are not trending towards improvement for at least 4 to 6 weeks. Based on the clinical documentation provided, the injured worker presented approximately one day after worsening of symptoms and appears to have since returned to normal as is documented in the January 4, 2014 and the subsequent February 4, 2014 progress notes. As such, the request is considered not medically necessary.