

Case Number:	CM14-0100147		
Date Assigned:	07/28/2014	Date of Injury:	10/11/2013
Decision Date:	09/19/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	06/30/2014

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 Illinois. 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 40 year old male who reported an injury on 10/11/2013 due to a fall. His diagnoses were listed as lumbar strain and possible lumbar disc disease. Past diagnostic studies of the lumbar spine were not provided. There were no surgeries noted. On 06/10/2014, the injured worker complained of left knee pain, low back pain, and instability. Upon physical examination, he was noted to decreased sensation to pinprick and light touch on the left leg in an L5-S1 distribution and 50% decreased lumbar range of motion. There were no medications listed in the clinical documentation. The treatment plan was for a MRI of the lumbar spine. The rationale for the request was assess the disc disease. The request for authorization form was signed and submitted on 06/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Imaging (MRI) 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): 303-305.

Decision rationale: The request for MRI of the lumbar spine is not medically necessary. The injured worker complained of pain and there was decreased sensation noted. The California MTUS/ACEOM Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment. Although there was pain and decreased sensation to the left leg in a specific distribution, there was no documentation showing evidence of an adequate course of conservative care performed. Therefore, the request is not medically necessary.