MAXIMUS Federal Services

Case Number:	CM14-0101629		
Date Assigned:	07/30/2014	Date of Injury:	02/06/2014
Decision Date:	09/09/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/01/2014

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 Nevada. 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 records, presented for review, indicate that this 27 year old female was reportedly injured on February 6, 2014. The mechanism of injury is undisclosed. The most recent progress note, dated April 29, 2014, indicated that there were ongoing complaints of low back pain. The physical examination demonstrated tenderness over the lumbar spine, paraspinal muscles with full lumbar spine range of motion, positive left straight leg raise test at 60 degrees, right sided straight leg raise test at 70 degrees, decreased sensation was noted at the anterior left leg, and plantar surface of the left foot. Diagnostic imaging studies of the lumbar spine revealed disc protrusions at the L4 to L5 and L5 to S1 levels. Previous treatment includes physical therapy, chiropractic treatment, trigger point injections, and home exercise. A request was made for an orthopedic evaluation and a flexion/extension MRI of the lumbar spine and was not certified in the preauthorization process on June 26, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic evaluation for lumbar spine.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation ODG-TWC-Low Back Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines). Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM Practice Guidelines, 2nd edition, Chapter 7 - Independent Medical Examinations and Consultations, page 127.

Decision rationale: According to the medical record, the injured employee has not failed conservative treatment and is still participating in chiropractic care, physical therapy, and home exercise. There was also no documented concern for the need for potential surgery. Considering this, the request for an orthopedic evaluation for the lumbar spine is not medically necessary.

MRI flex extension for lumbar spine.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation ODG=TWC-Low Back Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar and Thoracic, MRI, Updated August 22, 2014.

Decision rationale: According to the medical record, the injured employee had an MRI of the lumbar spine which showed disc protrusions at L4 to L5 and L5 to S1. There is no other evidence of spondylolisthesis or spondylolysis to indicate potential instability that would require further investigation with flexion/extension imaging. Therefore, this request for an MRI with flexion/extension of the lumbar spine is not medically necessary.