

Case Number:	CM14-0103913		
Date Assigned:	08/01/2014	Date of Injury:	05/10/2014
Decision Date:	08/29/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/07/2014

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, has a subspecialty in Interventional Spine 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 patient is a 62-year-old male with an injury date of 05/10/2014. According to the 06/18/2014 progress report, the patient complains of low back pain. The patient is unable to stand or to walk more than 30 minutes due to increased pain and weakness in his lower back and his right knee. The patient also has right knee pain with intermittent sharp pain and feeling of giving away. The patient's diagnoses include the following: 1. Contusion of shoulder and upper arm, multiple sites. 2. Sprains and strains of other unspecified parts of back, lumbar spine. 3. Sprains and strains of other unspecified parts of back, neck; anterior longitudinal(ligament), cervical. 4. Right pain of the ankle/foot. 5. Right pain of the wrist. 6. Contusion of chest wall. 7. Right sprains and strains of knee and leg. The request is for an MRI of the lumbar spine without dye. The utilization review determination being challenged is dated 06/26/2014. There was only one treatment report provided from 06/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI lumbar spine w/o dye: 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: According to the 06/18/2014 progress report, the patient presents with lower back pain and rightknee pain. The request is for an MRI of the lumbar spine without dye. There is no indication that the patient has previously had an MRI of her lumbar spine. The review of the reports do not reveal why the treater is asking for a set of MRI. ACOEM Guidelines state, Unequivocal objective findings that identify subjective nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond totreatment and who would consider surgery an option. ODG Guidelines do not support MRIs unless there is a neurologic sign/symptoms present. This patient does not present with any neurologic symptoms; there are no radiating leg symptoms, for example. The patient does not have any positive exam findings and does not present with any red flags, neurologic signs/symptoms to warrant an MRI. There are no weaknesses on examination, no hard examination findings that would point to significant lumbar spine pathology. The request is not medically necessary.