

Case Number:	CM14-0107419		
Date Assigned:	09/16/2014	Date of Injury:	12/10/2013
Decision Date:	10/15/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	07/10/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

This is a 36-year old male was injured last December 10, 2013, due to an undisclosed mechanism of injury. A progress note dated May 19, 2014, was provided as documentary support for the stated request. Subjective findings revealed neck pain and low back pain. A cervical spine MRI report last March 20, 2014, revealed a paracentral disc protrusion at C5-6 with mild central canal narrowing, hence diagnosed with cervical spine discogenic neck pain with sprain, and rule out discogenic back pain. Treatment recommendations included acupuncture and physical therapy sessions. To rule out discogenic origins of the pain, an MRI of the lumbar spine was to be requested. Invasive treatment for the cervical spine was not recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbar spine without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: Medical necessity for the requested MRI was not established. CA MTUS supports imaging of the lumbar spine in patients with red flag diagnoses where plain film

radiographs are negative, have failed conservative treatment, and have positive clinical findings. The patient did not have any documented plain films done previously or even recently; unequivocal objective findings that identify specific nerve compromise on the neurologic examination. There is no documentation of failure to respond to treatment. Furthermore, the patient was undergoing some conservative treatment in 5/2014, however there is no discussion regarding any functional improvement from rendered treatment. There is no discussion regarding consideration for surgery. Therefore, this request is not medically necessary.