MAXIMUS Federal Services

Case Number:	CM14-0012636		
Date Assigned:	02/21/2014	Date of Injury:	12/27/2013
Decision Date:	06/26/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	01/31/2014

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 Texas and Ohio. 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 31 year old female with an injury reported on 12/27/2013. The mechanism of injury was not provided within the clinical notes. The clinical note dated 02/27/2014 reported that the injured worker complained of low back pain and right leg paresthesia. Upon physical examination, the injured worker had tenderness to the thoracic and sacral area, and decreased range of motion secondary to pain. The injured worker's diagnoses included right inguinal hernia, low back pain, and thoracic pain. The provider requested MRI of the lumbar spine due to right sciatica and right leg weakness. The request for authorization was submitted on 01/31/2014.

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: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, CHAPTER 12 LOW BACK COMPLAINTS,

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 low back pain and right leg paresthesia. The injured worker had tenderness to thoracic and sacral area, and decreased range of motion secondary to pain. According to the American College of Occupational and Environmental Medicine (ACOEM) guidelines 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 and who would consider surgery an option. There is a lack of objective findings or physiological evidence indicating specific nerve compromise per neurological examination to warrant imaging. Therefore, the request is not medically necessary.