

Case Number:	CM14-0016282		
Date Assigned:	06/11/2014	Date of Injury:	08/31/2012
Decision Date:	07/18/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	02/10/2014

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 Preventive Medicine 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:

According to the records made available for review, this is a 45-year-old male with a 8/31/12 date of injury. At the time (1/17/14) of request for authorization for MRI of lumbar spine, there is documentation of subjective (chronic low back pain; flare-up of pain) and objective (5/5 motor strength, normal sensory, and negative straight leg raise) findings, and treatment to date (medications, chiropractic, home exercise program). There is no documentation that plain film radiographs are negative; objective findings that identify specific nerve compromise on the neurologic examination, and that the patient is considered for surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF LUMBAR SPINE: 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: MTUS reference to ACOEM guidelines identifies documentation of red flag diagnoses where plain film radiographs are negative; objective findings that identify specific nerve compromise on the neurologic examination, failure of conservative treatment, and who are considered for surgery, as criteria necessary to support the medical necessity of MRI. Within the medical information available for review, there is documentation of failure of conservative

treatment. However, there is no documentation that plain film radiographs are negative; objective findings that identify specific nerve compromise on the neurologic examination, and that the patient is considered for surgery. Therefore, based on guidelines and a review of the evidence, the request for MRI of lumbar spine is not medically necessary.