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| Case Number: | CM14-0017941 | | |
| Date Assigned: | 04/16/2014 | Date of Injury: | 05/02/2013 |
| Decision Date: | 06/03/2014 | UR Denial Date: | 02/01/2014 |
| Priority: | Standard | Application Received: | 02/12/2014 |

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. 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 44-year-old male with a reported date of injury on 05/02/2013. The mechanism of injury was listed as the injured worker trying to lift a heavy door on a truck. The injured worker complains of constant lower back pain and with intermittent right lower extremity radiculopathy symptoms. The injured worker has completed acupuncture therapy, physical therapy, the injection of Xylocaine with 2 ml of 60 mg of Toradol into the right gluteus medius region and trigger point injection of 1 ml of Depo-Medrol with 2 ml of 1% Xylocaine injection into the left paraspinal muscle on 01/07/2014. The injured worker suffers from lumbosacral strain/arthrosis and probable abdominal and left inguinal hernias. The injured worker's current health status condition is permanent and stationary with the following a back injury. The injured worker has no plans for surgery to the lower back. The request for authorization forms were signed on 01/07/2014 and 02/21/2014.

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 WITHOUT DYE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The injured worker previously had physical therapy, acupuncture treatment, and torodal injections. The physical exam of the lumbar spine reveals pain in the midline throacic spine and lumbar spine tibialis anterior, bilaterally. The exam also revealed 5/5 with gastrocnemius bilaterally. The MTUS/ACOEM Guidelines indicate that there should be unequivocal objective findings that identify specific nerve compromise on the neurologic examination that are sufficient evidence to warrant imaging in patients who do not respond to treatment, and who would consider surgery an option. The injured worker's current status is permanent and stationary following a back injury. Furthermore, there is a lack of physical examination findings to suggest nerve root injury to warrant an MRI at this time. In addition, there are no future plans for surgery. As such, the request for an MRI of the lumbar spine is non-certified.