

Case Number:	CM14-0112775		
Date Assigned:	09/16/2014	Date of Injury:	04/15/2014
Decision Date:	10/21/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/15/2014

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 Pain 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:

The records, presented for review, indicate that this 27-year-old gentleman was reportedly injured on April 15, 2014. The mechanism of injury was noted as picking up a heavy package. The most recent progress note, dated June 11, 2014, indicated that there were ongoing complaints of low back pain radiating to the bilateral lower extremities. Current medications include naproxen and Tylenol with Codeine. The physical examination demonstrated tenderness along the lumbar spine paraspinal muscles as well as over the facet set L5-S1. Muscle spasms were noted and there was a positive bilateral straight leg raise test. There was slightly decreased lumbar spine range of motion and a positive FABER'S test. There was a normal lower extremity neurological examination. Diagnostic imaging studies were unknown. Previous treatment included physical therapy. A request had been made for an MRI of the lumbar spine and was not certified in the pre-authorization process on June 23, 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 contrast, as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG): Low Back - Lumbar and Thoracic, MRI, Updated August 22, 2014.

Decision rationale: According to the Official Disability Guidelines, an MRI of the lumbar spine is only indicated if there is a myelopathy, radiculopathy, or prior lumbar spine surgery. According to the recent progress note dated June 11, 2014, the injured employee has a normal neurological examination of the lower extremities with no prior surgery. As such, this request for an MRI of the Lumbar Spine is not medically necessary.