

Case Number:	CM14-0120126		
Date Assigned:	08/06/2014	Date of Injury:	10/03/2013
Decision Date:	09/23/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/29/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine 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 female who reported an injury on 10/03/2013; the date of birth was not disclosed. She reportedly twisted to try to catch a falling box and fell to the floor. On 07/01/2014, the injured worker presented with low back pain with radiation to the buttock, left hip, and bilateral groin areas. Upon examination, there was 3+ diffuse tenderness to the left lumbar spine junction and SI joint, with decreased lumbar range of motion. Prior treatments included physical therapy. The diagnoses were not provided. The provider recommend an MRI of the lumbar spine; the provider's rationale was not provided. The Request for Authorization was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disabilities guidelines.

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

Decision rationale: The request for an MRI of the lumbar spine is not medically necessary. The California MTUS/ACOEM Guidelines state that unequivocal objective findings identifying specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging studies in injured workers who do not respond to treatment. However, it is also stated that when the neurological examination is less clear, further physiologic evidence of nerve dysfunction should be obtained before ordering imaging studies. The included medical documents failed to show evidence of significant neurological deficits upon physical examination. Additionally, the documentation failed to show that the injured worker has tried and failed an adequate course of conservative treatment. In the absence of documentation showing the failure of initially recommended conservative care, including active therapies and neurological deficits upon physical examination, an MRI is not supported by the referenced guidelines. As such, the medical necessity has not been established.