

Case Number:	CM14-0128871		
Date Assigned:	08/18/2014	Date of Injury:	06/17/2014
Decision Date:	09/18/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/13/2014

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 Nevada. 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 29-year-old gentleman was reportedly injured on June 17, 2014. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated July 31, 2014, indicates that there are ongoing complaints of lumbar spine pain. The physical examination demonstrated a slow abnormal gait and tenderness along the lumbar paraspinal muscles. There was decreased range of motion of the lumbar spine and positive Waddell's signs including pain with axial loading any sitting root test. Mobic was prescribed. No diagnostic imaging studies have apparently been completed. Previous treatment includes oral medications and chiropractic care. A request had been made for an MRI of the lumbar spine and was not certified in the pre-authorization process on June 6, 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: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304, 309.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: The ACOEM practice guidelines support a MRI of the lumbar spine for patients with subacute or chronic radiculopathy lasting at least 4 to 6 weeks if symptoms are not

trending towards improvement, and if both the patient and surgeon are considering prompt surgical treatment, assuming the MRI confirms ongoing nerve root compression. According to the most recent progress note dated July 31, 2014, there are no radicular findings found on physical examination. Considering this, the request for an MRI of the lumbar spine is not medically necessary.