

Case Number:	CM14-0129396		
Date Assigned:	08/18/2014	Date of Injury:	03/30/2013
Decision Date:	09/30/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/14/2014

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 Anesthesiology has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 59 year old male with a 3/30/2013 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 7/8/14 noted subjective complaints of lumbar pain with flexion and extension. Objective findings included normal motor, sensory, and reflexes. Diagnostic Impression: lumbosacral sprain. Treatment to Date: medication management. A UR decision dated 7/29/2014 denied the request for MRI of the lumbar spine. The clinical documentation submitted for review did not show evidence of nerve compromise.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (Magnetic Resonance Imaging) of the Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter - MRI.

Decision rationale: CA MTUS supports imaging of the lumbar spine in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, failure to respond to treatment, and

consideration for surgery. However, there were no unequivocal objective findings that identify specific nerve compromise on the neurologic exam. Specifically, there was entirely normal motor, sensory, and DTRs of the lower extremities. It is unclear how a lumbar MRI would be of benefit. Therefore, the request for MRI (Magnetic Resonance Imaging) of the lumbar spine was not medically necessary.