

Case Number:	CM14-0134813		
Date Assigned:	08/27/2014	Date of Injury:	04/15/2014
Decision Date:	09/22/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	08/20/2014

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 Family Medicine and is licensed to practice in 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:

This case involves a male injured worker who sustained an injury on April 15 of 2014. His diagnosis include lumbar sprain with radicular complaints. The records reviewed include a previous denial for MRI of the lumbar spine but there are no enclosed office notes. The denial references an office note from July 29 of 2014 in which the injured worker complained of intermittent and moderate low back pain. The physical exam showed diminished range of motion, positive straight leg raise testing bilaterally, and diminished sensation that the L2 and L3 levels bilaterally. That note states that physical therapy is recommended and that an MRI was sought to better understand the patient's condition. The lumbar MRI was previously denied because of the lack of unequivocal findings to suggest nerve compromise.

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): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: The available documentation suggests that surgery is not being considered at this point. The guidelines state that imaging studies should be reserved for cases in which there is unequivocal evidence of nerve compromise, surgery is considered, or red-flag diagnoses are being evaluated. In this instance, it may be debatable whether unequivocal evidence of nerve root compromise is present, however, it does not appear that surgery is being contemplated at this stage. Therefore, MRI of the lumbar spine without contrast is not medically necessary.