

Case Number:	CM14-0159189		
Date Assigned:	10/02/2014	Date of Injury:	06/04/1991
Decision Date:	11/10/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	09/29/2014

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 & Rehab and is licensed to practice in Illinois. 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 48-year-old female who reported an injury on 06/04/1981. The mechanism of injury was not provided. On 07/08/2014, the injured worker presented with back pain. The injured worker's spinal flexibility is that her fingertips reach two thirds of the way down her tibias, with the knees extended. There are no sensory deficits noted. There was a minimally positive straight leg raise test. Prior therapy included Soma and Norco. Previous diagnoses were not provided. The provider recommended an MRI of the lumbar spine. The provider's rationale was not provided. The Request for Authorization form 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 w/o dye: Upheld

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

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 Guidelines/ACOEM Guidelines state that unequivocal objective findings

identifying specific nerve compromise on the neurologic exam is sufficient evidence when an injured worker has not responded to treatment. However, it is also stated that when the neurologic exam is less clear, further physiologic evidence of neurologic dysfunction should be obtained before ordering an imaging study. The included medical documents fail to show evidence of significant neurological deficits upon physical examination. Additionally, the documentation failed to show the injured worker has tried and failed an adequate course of conservative treatment. As such, medical necessity has not been established.