

Case Number:	CM14-0169836		
Date Assigned:	10/20/2014	Date of Injury:	07/07/2014
Decision Date:	11/20/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/14/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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:

Medical records reflect the claimant is a 44 year old male who sustained a work injury on 7-17-14. Office visit on 9-4-14 notes the claimant has low back pain rated as 6/10 that is severe and intermittent. On exam, the claimant had tenderness to palpation, left greater than right. He had decreased range of motion. Office visit on 9-11-14 notes the claimant showed no significant improvement. He continued working light duty. On exam, the claimant had decreased range of motion, intact sensation, and pain with all range of motion. The claimant reported radiating pain to both thighs, left greater than right.

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

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

Decision rationale: ACOEM notes that MRI is moderately recommended for patients with subacute or chronic radicular pain syndromes lasting at least 4 to 6 weeks in whom the symptoms are not trending towards improvement if both the patient and surgeon are considering prompt surgical treatment, assuming the MRI confirms ongoing nerve root compression. There

is an absence in documentation noting that this claimant has radicular findings on exam to support suspicion of a nerve root compression. Additionally, the pain is reported to be intermittent which would not correlate with a nerve root pathology. Therefore, the medical necessity of this request is not established.