

Case Number:	CM14-0172534		
Date Assigned:	10/23/2014	Date of Injury:	01/22/2014
Decision Date:	11/25/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/17/2014

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, has a subspecialty in Spinal Cord Injury and is licensed to practice in New York. 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 28-year-old female who reported an injury on 01/22/2014. The mechanism of injury involved a motor vehicle accident. The current diagnoses include lumbosacral sprain/strain, abductor strain, and sacroiliitis. The injured worker was evaluated on 09/08/2014 with complaints of intermittent dull and sharp pain with radiation into the bilateral hips. Previous conservative treatment is noted to include physical therapy and anti-inflammatory medication. Physical examination on that date revealed 15 degree forward flexion, 18 degree extension, pelvic obliquity, positive Patrick's test, pain with left hip flexor testing, spasm to the lumbar spine, and mild sciatic notch tenderness bilaterally. Treatment recommendations at that time included physical therapy 3 times per week for 4 weeks to the lumbar spine and an MRI of the lumbar spine. A Request for Authorization form was then submitted on 09/15/2014.

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 without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The California MTUS/ACOEM Practice Guidelines state if physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test. As per the documentation submitted, there was no evidence of a significant musculoskeletal or neurological deficit upon physical examination. There was no evidence of functional limitation. The medical necessity for the requested imaging study has not been established. Therefore, the request is not medically necessary.