

Case Number:	CM14-0022420		
Date Assigned:	05/09/2014	Date of Injury:	12/16/2013
Decision Date:	08/07/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	02/21/2014

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 Nevada. 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 58-year-old female who was reportedly injured on 12/15/2013. The mechanism of injury was noted as being hit in the back. The most recent progress note dated 1/2/2014, indicates that there were ongoing complaints of low back and thoracic pains. The physical examination demonstrated low back positive tenderness over midline at L2-L4, paraspinal area and tenderness over the thoracic region. Range of motion was essentially normal. Sensation was normal. Muscle strength was 5/5. Reflexes were 2/4. Straight leg raise was negative bilaterally. No recent diagnostic studies were available for review. Previous treatment included non-steroidal anti-inflammatory drugs, physical therapy and home exercises. A request had been made for a magnetic resonance image of the lumbar spine without dye. The request for this service was not certified in the pre-authorization process on 2/14/2014.

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 DYE: Upheld

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

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

Decision rationale: The American College of Occupational and Environmental Medicine supports the use of magnetic resonance image for the lumbar spine when there are unequivocal objective findings that identify specific nerve root compromise on exam and the claimant would be willing to consider operative intervention. Based on the clinical documentation provided, there was no subjective or objective clinical findings on history or physical exam demonstrating a neurological defect, significant trauma or atypical symptoms. Therefore, the request for this diagnostic study was deemed not medically necessary.