

Case Number:	CM14-0025932		
Date Assigned:	06/13/2014	Date of Injury:	09/14/1999
Decision Date:	07/16/2014	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	02/28/2014

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 56-year-old male who was reportedly injured on 9/14/1999. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated 1/16/2014, indicated that there were ongoing complaints of left sided low back pain with some radiation into the left leg. The injured worker was also complaining of some urological issues (bladder incontinence). The physical examination demonstrated positive left sided straight leg raise, weakness to the left ankle with dorsiflexion. Reflexes were diminished and symmetrical. Radiographs of the lumbar spine revealed degenerative disc disease noted about the lumbar spine. Previous treatment included home exercises, Flexeril, Vicoprofen, Neurontin and Prilosec. Durable medical equipment included a back brace and hot/cold gel packs. A request had been made for a MRI scan of the lumbar spine without contrast. The request for the MRI of the lumbar spine without contrast was not certified in the pre-authorization process on February 17, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

MRI OF LUMBAR SPINE WITHOUT CONTRAST: 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: Based on the clinical documentation provided, dated 1/16/2014, there was no mention of any type of potential for surgery or procedure. The clinician does not document that the claimant is willing to consider operative intervention. As such, secondary to a lack of clinical documentation, the request fails to meet the criteria above and is not medically necessary.