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| Case Number: | CM14-0026023 | | |
| Date Assigned: | 06/13/2014 | Date of Injury: | 02/21/2013 |
| Decision Date: | 07/16/2014 | UR Denial Date: | 02/04/2014 |
| 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 & Rehabilitation 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 66 year old male who reported an injury on 02/21/2010 due to slipping and falling. The injured worker was diagnosed with a sprain lumbar region. He takes Ibuprofen for pain. Pain is unspecified and progress with the assigned conservative care also does not document subjective or objective progress per pain, range of motion, or psychiatric needs. On 03/14/13 a review by the physician on the injured worker's hip x-ray revealed no fractures. An assessment also showed no neurological weakness, a normal gait when ambulating, negative straight leg raise test, negative Romberg test, and negative Babinski test. On 05/13/13, the physician reviewed a Lumbar Spine MRI and noted hypertrophic facet disease at L5-S1 bilaterally. The physical assessment indicated complaint of unspecified pain to the right medial joint line with no radiation. The physician assessed the injured worker on 08/08/2013 and discontinued acupuncture treatments (start date not provided) per the injured worker's request. The physician assessed and noted the injured worker walked with a stable and normal gait and had good range of motion. The physician noted areas of tenderness palpable to the lumbosacral region. Right side straight leg raise was negative; however, left side straight leg raise did produce unspecified radiating pain to the lower back. It was noted by the physician the injured worker had been back to work since an unspecified date with no work restrictions. The physician requests another lumbar spine MRI. A request for authorization and rationale for the request was not available within the available records.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 296-2974. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (Web), 2013, Low Back Chapter, MRIs (Magnetic Resource Imaging).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 296-297.

Decision rationale: The request for an MRI of the lumbar spine is not medically necessary. The injured worker is noted to have unspecified pain to the lower back. However, the physician has not provided subjective or objective data pertaining to the conservative care provided. Further, the California MTUS/ACOEM Guidelines state there needs to be abnormal back pain that does not radiate below the knee, loss of range of motion associated with paraspinous muscle spasm and non rotational scoliosis of the lumbar spine before you can receive a lumbar spine MRI (after four to six weeks). The physician's documentation does not present these symptoms, the only medication documented for unspecified pain is Ibuprofen and the injured worker is back to work without restrictions. As such, the request for an MRI of the lumbar spine is not medically necessary.