

Case Number:	CM14-0026121		
Date Assigned:	06/16/2014	Date of Injury:	01/18/2014
Decision Date:	08/04/2014	UR Denial Date:	02/14/2014
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 32-year-old male who was reportedly injured on January 18, 2014. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated April 11, 2014, indicated that there were ongoing complaints of low back pain. The physical examination demonstrated a 5 feet 9 inches, 195 pound individual in no acute distress. The cervical spine and thoracic spine were described as being within normal limits. There was tenderness to palpation and muscle spasms noted in the lower lumbar region. A decrease in lumbar spine range of motion was reported. No specific neurological findings were identified in either lower extremity. Diagnostic imaging studies objectified multiple level degenerative changes. Previous treatment included conservative care and medications. A request had been made for a lumbar spine magnetic resonance imaging (MRI) and was not certified in the pre-authorization process on February 14, 2014. A summary report was completed on April 11, 2014 indicating that a magnetic resonance imaging of the lumbar spine had been completed.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI WITHOUT CONTRAST LUMBAR: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, MRI, Thoracic & Lumbar Spine Trauma.

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

Decision rationale: It was noted at the time a request that there were no specific findings indicating any possible nerve root compression or neurological deficit. A magnetic resonance imaging (MRI) of the lumbar spine was obtained in April. These findings demonstrated degenerative changes, and while it was not clinically indicated, there clearly is no basis to repeat the study. As such, this is not medically necessary.