

Case Number:	CM14-0035419		
Date Assigned:	06/23/2014	Date of Injury:	01/04/2010
Decision Date:	08/12/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	03/21/2014

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 records presented for review indicate that this 72-year-old female was reportedly injured on 1/4/2010. The mechanism of injury was noted as a slip and fall. The most recent progress note, dated 6/6/2014, indicated that there were ongoing complaints of low back pain. The physical examination demonstrated lumbar spine decreased range of motion secondary to pain, positive straight leg raise bilaterally and deep tendon reflexes of the lower extremities 2/4 bilaterally. No recent diagnostic studies were available for review. Previous treatment included physical therapy, medication, and conservative treatment. A request was made for MRI of the lumbar spine and was not certified in the pre-authorization process on 3/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Imaging of the lumbar spine.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back-Lumbar and Thoracic.

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

Decision rationale: The ACOEM supports the use of MRI for the lumbar spine when there are unequivocal objective findings that identify specific nerve root compromise on examination, and

the claimant would be willing to consider operative intervention. Based on the clinical documentation provided, there were no identifiable objective clinical documentation of lower extremity radiculopathy. Lacking clinical documentation to support this diagnostic study, this request fails to meet ACOEM Guidelines. Therefore, this request is deemed not medically necessary.