

Case Number:	CM14-0036033		
Date Assigned:	06/23/2014	Date of Injury:	01/13/2014
Decision Date:	07/25/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	03/24/2014

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 Internal Medicine and is licensed to practice in North Carolina. 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 claimant had date of injury of 1/13/2014 when she tripped on boxes at work and had neck and low back pain. She has been treated with physical therapy which did improve pain initially by about 50 %. An MRI of lumbar spine was requested because of persistent pain in lumbar region. Office assessment in February 2014 describe no focal neurologic complaints and a negative straight leg raise. By May 2014, symptoms are noted to have progressed to include numbness in thigh and positive right sided straight leg raise.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Imaging (MRI) of lumbar spine without contrast: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): p 303.

Decision rationale: ACOEM chapter on back complaints describes that MRI is indicated when there are unequivocal objective findings of specific nerve compromise in a person with symptoms who do not respond to treatment and for whom surgery would be a reasonable intervention. At the time of the original request for MRI, the medical record described only a persistence of back

pain symptoms with no focal neurologic deficits. Since that time, however, there is objective examination data describing focal neurologic involvement for which assessment by MRI is indicated. I am overturning the original UR decision based on this new clinical information. Therefore this request is medically necessary.