

Case Number:	CM14-0036840		
Date Assigned:	06/25/2014	Date of Injury:	11/28/2005
Decision Date:	08/25/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/26/2014

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 40-year-old female was reportedly injured on November 28, 2005. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated February 12, 2014, indicates that there were ongoing complaints of low back pain with increasing symptoms. No focal physical examination was performed. Previous diagnostic imaging studies were not reported. An updated MRI of the lumbar spine was requested to rule out a disc herniation. A request was made for an MRI the lumbar spine and was not certified in the pre-authorization process on February 20, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

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 exam and the injured employee would be willing to consider operative intervention. According to the most recent progress note dated February 12, 2014, there was no documentation of a radiculopathy on

physical examination or other red flag findings. Furthermore, there was no report of the prior MRI obtained. For these reasons, this request for an MRI the lumbar spine is not medically necessary.