

Case Number:	CM14-0037955		
Date Assigned:	06/25/2014	Date of Injury:	05/20/2005
Decision Date:	08/14/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	03/28/2014

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 42 year-old female who was reportedly injured on 5/20/2005. The mechanism of injury is noted as a pulling injury. The most recent progress note dated 3/4/2014 indicates that there are ongoing complaints of low back pain. The physical examination of the demonstrated positive tenderness to palpation of the thoracic/lumbar paraspinal muscles, left lumbar scoliosis, decreased range of motion, and muscle strength 5/5. Diagnostic imaging studies included lumbar spine X-rays which revealed postoperative changes with a shield fusion from L4-sacrum, lumbar scoliosis, and mild degenerative changes proximally. Previous treatment includes previous surgery, physical therapy and medications. A request was made for lumbar spine magnetic resonance image (MRI) and was not certified in the pre-authorization process on 3/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar spine MRI to evaluate for spinal stenosis: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: ACOEM Guidelines support the use of magnetic resonance imaging for the lumbar spine when there are unequivocal objective findings that identify specific nerve root compromise on exam, and when the patient would be willing to consider operative intervention. Based on the clinical documentation provided, there was no mention of radicular pain in history, and no objective clinical findings on physical exam. However it is noted in the discussion portion that the patient complains of severe low back pain radiating to both lower extremities. Additionally, the clinician did not document that the patient is willing to consider operative intervention. As such, secondary to a lack of clinical documentation the request fails to meet the ACOEM criteria and is deemed not medically necessary.