

Case Number:	CM14-0039514		
Date Assigned:	06/27/2014	Date of Injury:	10/19/2009
Decision Date:	08/19/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/03/2014

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 50-year-old male was reportedly injured on 10/19/2009. The mechanism of injury was noted as a fall. The most recent progress note, dated 1/13/2014, indicated that there were ongoing complaints of low back pain. The physical examination demonstrated lumbar spine decreased range of motion with pain, positive tenderness lumbar spine, normal sensory and normal motor function. No recent diagnostic studies were available for review. Previous treatment included injections, medications, and physical therapy. A request had been made for magnetic resonance imaging (MRI) of the lumbar spine and was not certified in the pre-authorization process on 3/19/2014.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation HARRIS J, OCCUPATIONAL MEDICINE PRACTICE GUIDELINES, 2ND EDITION PAGE 300-309.

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

Decision rationale: The American College of Occupational and Environmental Medicine (ACOEM) guidelines support the use of magnetic resonance imaging (MRI) for the lumbar spine

when there are unequivocal objective findings that identify specific nerve root compromise on examination and if the claimant would be willing to consider operative intervention. Based on the clinical documentation provided, there was no objective clinical finding of radiculopathy. In addition, the clinician did not document that the claimant was 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.