

Case Number:	CM14-0041471		
Date Assigned:	06/30/2014	Date of Injury:	02/18/2014
Decision Date:	08/19/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/08/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California. 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 35 year old female who sustained an injury to her low back on 02/18/2014 while cleaning the house of a customer. She went to kick hoses out of the way and ended up flat on her buttocks. She was unable to continue to work as the pain progressed with movement and she was unable to walk for three days. To date, the injured worker completed at list six chiropractic manipulation visits that provided minimal benefit. Clinical notes dated 03/19/2014 marked the sixth chiropractic manipulation visit and she continued to complain of low back pain 8/10 visual analog scale. The injured worker was off work since the date of injury because light duty was not being accommodated. The request for an MRI and pain management was made since the injured worker's condition was worse 29 days post-date of the injury. Physical examination revealed no ambulation with normal gait; full weight bearing on bilateral lower extremities; normal posture; no weakness of bilateral lower extremities; spine non-kyphotic; no scoliosis; no loss of lumbosacral lordosis; pelvis symmetrical; no spasms of the thoracolumbar spine and paravertebral musculature; tenderness of thoracolumbar spine and paravertebral musculature; no restriction of range of motion of the patellar/Achilles; deep tendon reflexes 2/4; sensation intact; straight leg raise negative; and no back muscles weakness displayed.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, MRIs (magnetic resonance imaging).

Decision rationale: There was no report of a new acute injury or exacerbation of previous symptoms. Other than the subjective complaints from the injured worker, there were no additional objective neurological deficits, no mention of anticipated surgical intervention or significant 'red flags' identified. Moreover, there was no indication that plain radiographs had been obtained prior to the request for more advanced magnetic resonance image (MRI). Given this, the request for magnetic resonance image of the lumbar spine is not medically necessary.