

Case Number:	CM14-0043263		
Date Assigned:	07/02/2014	Date of Injury:	07/01/2013
Decision Date:	08/21/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	04/10/2014

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 & Rehabilitation, 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 a 46-year-old female who reported an injury on 07/01/2013. The mechanism of injury was not provided within the medical records. The clinical note dated 02/27/2014 included diagnoses of right gluteal strain and sciatica. The injured worker reported no significant benefit from the right piriformis injection dated 12/18/2013. The injured worker reported her right gluteal pain persisted. The injured worker reported a slight degree of pain while standing or while recumbent at rest but reported the pain level increased to a 7 or higher on a scale of 10 with prolonged sitting. The injured worker reported minimal back pain. On examination of the lumbar spine, range of motion revealed flexion of 70 degrees, extension of 25 degrees and lateral bending of 25 degrees to the right and left. The injured worker had pain that was experienced at the extreme of flexion and the pain was localized to the right gluteal mass where there was slight focal tenderness. The injured worker completed 6 sessions of physical therapy which she found somewhat helpful. The injured worker's prior treatments included physical therapy and medication management. The injured worker's medication regimen included Flexeril and Flector patches. The provider submitted a request for MRI of the lumbosacral without contrast. A request for authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of lumbar spine, without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Imaging.

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

Decision rationale: The CA MTUS/ACOEM guidelines state unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. There is a lack of objective findings or physiological evidence indicating specific nerve compromise per neurological examination to warrant imaging. Therefore, the request for MRI of the lumbar spine without contrast is not medically necessary.