

Case Number:	CM14-0044815		
Date Assigned:	06/23/2014	Date of Injury:	03/21/2013
Decision Date:	07/25/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	03/20/2014

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 Neurological Surgery 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 29-year-old male who was reportedly injured on March 21, 2013. The mechanism of injury was losing his balance and falling. The most recent progress note dated March 7, 2014, indicated that there were ongoing complaints of low back pain radiating to the left lower extremity. The physical examination demonstrated tenderness along the lumbar paraspinal muscles with decreased lumbar spine range of motion. There was a negative straight leg raise test. An MRI of the lumbar spine was recommended. A request was made for an MRI of the lumbar spine and was not certified in the pre-authorization process on March 14, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI for the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), MRI Lumbar Spine.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287.

Decision rationale: According to the most recent progress note, dated March 7, 2014, there was no objective evidence of a radiculopathy or other red flags on neurological examination. The

American College of Occupational and Environmental Medicine stated that unequivocal neurological examinations provide sufficient evidence to pursue an MRI of the lumbar spine. As the injured employee has a normal neurological examination, this request for an MRI of the lumbar spine is not medically necessary.