

Case Number:	CM14-0045621		
Date Assigned:	04/16/2014	Date of Injury:	01/10/2014
Decision Date:	05/20/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	04/02/2014

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 Sports 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 29-year-old male who reported an injury on 01/10/2014 due to filling washing machines with items that reportedly caused injury to his mid and low back. The injured worker's treatment history included medications and physical therapy. The injured worker was evaluated on 02/27/2014. Physical examination revealed limited lumbar range of motion secondary to pain with tenderness to palpation over the right lumbar paraspinal musculature consistent with spasming, a positive straight leg raising test to the right, a positive Patrick's test, and diminished sensation in the L4 and L1 dermatomes of the lower extremities. The injured worker's diagnoses included lumbar radiculitis. The injured worker's treatment plan included an MRI, and medications to include Ultram, Naproxen, and Prilosec.

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 WITHOUT CONTRAST: Upheld

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

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

Decision rationale: The MTUS ACOEM guidelines recommend MRIs for injured workers with clear evidence of radiculopathy upon examination that have failed to respond to an adequate course of active therapy. The clinical documentation submitted for review does indicate that the injured worker has participated in 3 visits of physical therapy and continues to have neurological deficits; however, 3 visits of physical therapy would not be considered an adequate course to assist in resolving the injured worker's radicular pain. Without evidence of participation in an adequate course of conservative therapy to treat the injured worker's symptoms, the need for an MRI of the lumbar spine is not clearly justified. The request for a MRI of the lumbar spine without contrast is not medically necessary and appropriate.