

Case Number:	CM14-0047058		
Date Assigned:	07/02/2014	Date of Injury:	09/11/2013
Decision Date:	08/27/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	04/15/2014

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 54-year-old male was reportedly injured on 9/11/2013. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated 2/26/2014, indicated that there were ongoing complaints of low back and left knee pains. The physical examination demonstrated thoracic/lumbar spine with limited range of motion. Sitting straight leg raise caused low back pain bilaterally. Sensory and motor exam was unremarkable. Left knee range of motion was 0-120. McMurray's test was positive. No recent diagnostic studies available for review. Previous treatment included medication. A request had been made for MRI of the lumbar spine and was not certified in the pre-authorization process on 3/13/2014.

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 Official Disability Guidelines.

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

Decision rationale: The ACOEM supports the use of MRI for the lumbar spine when there are unequivocal objective findings that identify specific nerve root compromise on exam and the

claimant would be willing to consider operative intervention. Based on the clinical documentation provided, there were no objective clinical findings on physical exam to suggest radiculopathy. Also, the clinician did not document that the claimant is 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.