

Case Number:	CM14-0049380		
Date Assigned:	06/25/2014	Date of Injury:	04/09/2007
Decision Date:	07/29/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	03/28/2014

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 Orthopedic Surgery and is licensed to practice in Mississippi. 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 56-year-old male injured on 4/9/2007. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated 2/28/2014, indicated that there were ongoing complaints of low back pain, with radiating pain down the left gluteal region. The physical examination demonstrated lumbar spine tenderness and spasm palpable over the left side. Neurologic examination: Normal motor, reflex, and sensory of bilateral lower extremities. Negative straight leg test bilaterally. No reason diagnostic studies were available for review. MRI of the lumbar spine, performed February 2009, was mentioned in this note. However, the official report was not available for review. Previous treatment included lumbar surgery, physical therapy and medications to include NSAIDs, narcotic pain medication, and Soma. A request had been made for MRI of the lumbar spine and was not certified in the pre-authorization process on 3/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Table 12-8. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation, Online Edition, Chapter Low Back, MRI (magnetic resonance imaging)- Indications for imaging -Magnetic resonance imaging.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

Decision rationale: The MTUS/ACOEM Guidelines 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, this injured worker does have complaints of pain in the low back and radiating pain into the left buttock. There were no neurological findings/deficits noted in the physical examination. As such, due to lack of objective clinical findings, the request for MRI lumbar spine is not medically necessary and appropriate.