

Case Number:	CM14-0051619		
Date Assigned:	07/07/2014	Date of Injury:	01/21/2012
Decision Date:	08/15/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/18/2014

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 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 patient is a 27 year-old male with the date of injury of 01/21/2012. The patient presents with low back pain and is unable to stand for more than 20 minutes. According to [REDACTED] report on 03/10/2014, diagnostic impressions are: 1) Dislocation of right knee 2) Sprain ligament of right knee 3) Lumbar sprain/ strain 4) Lumbar radiculopathy [REDACTED] requested for MRI of lumbar spine. The utilization review determination being challenged is dated on 03/27/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 10/22/2013 to 03/10/2014.

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: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Magnetic Resonance Imaging (MRI).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Indications for Magnetic Resonance Imaging (MRI).

Decision rationale: The patient presents with low back pain which causes him to have sleeping problems. The request is for MRI of lumbar spine. Besides [REDACTED] report on 03/10/2014, none of the other reports mention the patient's low back pain. Review of the reports does not indicate that the patient had a previous MRI of his lumbar spine. In addition, the treater does not indicate why MRI of his lumbar spine is being requested. There are no reports that specifically discuss this request. 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." ODG does not recommend it unless progression of neurologic deficit is suspected. In this case, such suspicions are not discussed in any of the reports. Recommendation is for denial.