

Case Number:	CM14-0053557		
Date Assigned:	07/07/2014	Date of Injury:	12/26/2013
Decision Date:	08/21/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	04/22/2014

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 Occupational 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 applicant has filed a claim for low back pain reportedly associated with an industrial injury of December 26, 2013. Thus far, the applicant has been treated with the following, analgesic medications; attorney representation; 18 sessions of chiropractic manipulative therapy; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; muscle relaxants; lumbar support; and reported return to work, per the claims administrator. The applicant's attorney subsequently appealed. In a progress note dated March 14, 2014, the applicant was described as working regular duty. The applicant was 60% improved. The note was highly templated and at times internally inconsistent. The applicant was using Lodine for pain relief. A normal gait was appreciated with not weakness of the lower extremities. The applicant's heel and toe ambulation was performed without difficulty. Sensorium was intact. Straight leg raising was negative. Regular duty work was sought. Additional chiropractic manipulative therapy was proposed. Lumbar MRI imaging was apparently subsequently proposed.

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): 303-304.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 304.

Decision rationale: As noted in the MTUS ACOEM Guidelines in chapter 12, page 304, imaging studies should be reserved for cases in which surgery is being contemplated or red-flag diagnoses are being evaluated. In this case, however, there is no evidence that the applicant is actively considering or contemplating lumbar spine surgery. Rather, all evidence on file points to the applicant's lumbar strain injuries trending toward self-resolution. No compelling rationale for pursuit of lumbar MRI in question was proffered by the attending provider. Therefore, the request is not medically necessary.