

Case Number:	CM14-0055311		
Date Assigned:	07/07/2014	Date of Injury:	05/03/2013
Decision Date:	09/08/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	04/24/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 47 year old male who sustained an injury to his low back on 05/03/13. The mechanism of injury was not documented. A clinical note dated 09/09/13 reported that the injured worker continued to complain of frequent low back pain radiating into the bilateral lower extremities. Tenderness bilaterally over the quadratus lumborum was noted. A 02/03/14 was handwritten and difficult to decipher. The injured worker continued to complain of low back pain at 2/10 visual analog scale.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (Magnetic Resonance Imaging) of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, MRIs (magnetic resonance imaging).

Decision rationale: There was no report of a new acute injury or exacerbation of previous symptoms. There was no mention of any surgical intervention was anticipated. There were no

physical examination findings of decreased motor strength, increased reflex or sensory deficits. There was no indication that plain radiographs were obtained prior to the request for more advanced MRI. There were no significant 'red flags' identified. Given this, the request for MRI (magnetic resonance imaging) of the lumbar spine is not indicated as medically necessary, per ODG Guidelines.