

Case Number:	CM14-0055496		
Date Assigned:	07/09/2014	Date of Injury:	03/27/2014
Decision Date:	08/14/2014	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 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 51- year-old male was reportedly injured on March 27, 2014. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated March 28, 2014, indicates that there are ongoing complaints of low back pain as well as right elbow and forearm pain. Current medications include Flexeril and naproxen. The physical examination demonstrated the use of crutches for ambulation. There was hypotonicity of the lumbar spine paraspinal muscles and a normal lower extremity neurological examination. The examination of the right elbow/forearm noted tenderness over the medial and dorsal forearm region. X-rays of the lumbar spine and right forearm/elbow recommended. Naproxen and cyclobenzaprine were prescribed. Previous treatment includes physical therapy. A request was made for an MRI of the lumbar spine not medically necessary in the pre-authorization process on April 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): 308-310.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 287.

Decision rationale: According to the American College of Occupational and Environmental Medicine, imaging studies such as an MRI are not indicated in the first four to six weeks of low back symptoms unless there are concerning red flags. According to the most recent progress note dated March 28, 2014 the injured employee has no concerning neurological findings on physical examination. Additionally, plain radiographs of the lumbar spine have yet to be completed. For these reasons, this request for an MRI the lumbar spine is not medically necessary.