

Case Number:	CM14-0063731		
Date Assigned:	07/11/2014	Date of Injury:	10/25/2001
Decision Date:	09/15/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	05/06/2014

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 License. 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 female who was reportedly injured on October 25, 2001. The mechanism of injury was noted as cumulative trauma. The most recent progress note dated April 3, 2014, indicated that there were ongoing complaints of cervical spine pain, lumbar spine pain and upper extremity pain. The physical examination demonstrated decreased range of motion of the cervical spine with tenderness in the suboccipital region through the trapezius. There was decreased range of motion and grip strength in both hands without any obvious dermatomal deficits. There were tenderness of the thoracic and lumbar spine and decreased lumbar spine range of motion. There was a positive straight leg raise test in the sitting position and a normal lower extremity neurological examination. Trigger point injections were performed on this date. Diagnostic imaging studies were not reviewed. Previous treatment included trigger point injections. A request was made for an magnetic resonance image of the lumbar spine and was not certified in the pre-authorization process on April 14, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Lumbar: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: According to the American College of Occupational and Environmental Medicine, a magnetic resonance image of the lumbar spine is indicated for individuals with a radiculopathy lasting at least 4 to 6 weeks and were not trending towards improvement and if surgery is considered. According to the progress note, dated April 3, 2014, there are no objective physical examination findings of a lower extremity radiculopathy. Considering this, the request for an magnetic rsonnace image of the lumbar spine is not medically necessary.