

Case Number:	CM14-0063965		
Date Assigned:	07/11/2014	Date of Injury:	05/04/2013
Decision Date:	09/15/2014	UR Denial Date:	04/08/2014
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 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:

This is a 38-year-old female with a 5/4/13 date of injury. The mechanism of injury was when she was working in a nursery and had her left leg go into the sand and lost her balance. She fell backwards and tried to break her fall with her right hand. She struck her low back against a pallet. According to a progress report dated 6/17/14, the patient was upset because her MRI procedure had been denied. Objective findings: tenderness in the lumbar paraspinal muscle with flexion 70, extension 10, right and left bending 20, right wrist shows tenderness, sensory diminished right C6 dermatome and sensory decreased right L5 dermatome. Diagnostic impression: lumbar sprain/strain, right wrist sprain/strain. Treatment to date: medication management, activity modification, physical therapy. A UR decision dated 4/8/14 denied the request for lumbar MRI. The request for diagnostic studies MRI lumbar spine is not substantiated as the outcome of conservative treatment is not elaborated in the medical record.

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 Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back- Lumbar & Thoracic (Acute & Chronic) (last updated 03/31/2014).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304, Chronic Pain Treatment Guidelines Low Back Complaints Chapter. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter - MRI.

Decision rationale: CA MTUS supports imaging of the lumbar spine in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, failure to respond to treatment, and consideration for surgery. According to the reports provided for review, there was no discussion regarding the failure of conservative therapy, such as medications or physical therapy. In addition, there is no documentation of a significant change in the patient's condition. Furthermore, wrist x-rays were provided for review, however there was no documentation that lumbar x-rays have previously been taken. Therefore, the request for MRI Lumbar Spine is not medically necessary.