MAXIMUS Federal Services

Case Number:	CM14-0065137		
Date Assigned:	07/11/2014	Date of Injury:	07/24/2013
Decision Date:	09/18/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/08/2014

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 Illinois. 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 57-year-old female who reported an injury due to cumulative trauma on 07/24/2013. The clinical note dated 03/31/2014 is handwritten is hard to decipher. The diagnoses included cervical spine, thoracic spine, and lumbar spine rule out herniated nucleus pulpous, bilateral shoulder sprain/strain, bilateral wrist and hand sprain/strain, bilateral heel spurs and bilateral elbow sprain/strain. The injured worker reported pain to the cervical spine of 7/10, thoracic and lumbar spine 6/10, bilateral shoulders, wrists, hands, and elbows 6/10, and feet and ankles 7/10. The injured worker reported a left inguinal bulge with decreased pain with rest, medications, and physical therapy; increased with activities. On physical examination, the injured worker had limited range of motion to the cervical, thoracic, and lumbar spine. The injured worker had a positive straight leg raise bilaterally. The injured worker's prior treatments included diagnostic imaging of the cervical spine and medication management. The injured worker's medication regimen included naproxen, orphenadrine, and omeprazole. The provider submitted a request for MRI of the lumbar spine without contrast. A Request for Authorization dated 03/31/2014 was submitted for MRI of the lumbar spine; however, rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Lumbar Spine Without Contrast.: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The CA MTUS/ACOEM guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. There is a lack of objective findings or physiological evidence indicating specific nerve compromise per neurological examination to warrant imaging. Therefore, the request is not medically necessary.