

Case Number:	CM14-0067268		
Date Assigned:	07/02/2014	Date of Injury:	08/23/2012
Decision Date:	08/22/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/10/2014

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 Florida. 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 46-year-old female who reported an injury 08/23/2012. The mechanism of injury was not provided within the medical records. The clinical note dated 06/06/2014, indicated a diagnosis of a sprain and strain of lumbosacral. The injured worker reported pain to the low back. The clinical note dated 04/25/2014 indicated on physical examination of the lumbar spine, range of motion for flexion of 60 degrees, extension of 30 degrees, left lateral flexion of 30 degrees, right lateral flexion of 35 degrees and left and right rotation of 35 degrees, all with slight pain. The injured worker had a positive Kemp's test and the injured worker's straight leg raise was positive. The injured worker reported she was in physical therapy. The injured worker's prior treatments included medication management. The provider submitted a request for a magnetic resonance imaging (MRI) of the lumbar spine. A Request For Authorization form was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the 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): 303-305..

Decision rationale: The request for magnetic resonance imaging (MRI) of the lumbar spine is not medically necessary. The CA MTUS/ACOEM guidelines state 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. It was indicated that the injured worker is currently participating in physical therapy; however, the number of sessions was not indicated. In addition, the document submitted did not indicate objective findings of nerve compromise that would warrant imaging. Therefore, the request for MRI of the lumbar spine is not medically necessary.