

Case Number:	CM14-0071435		
Date Assigned:	07/16/2014	Date of Injury:	02/19/2014
Decision Date:	10/03/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	05/16/2014

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 Family Practice 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:

The injured worker is a 39 year old male who sustained injuries to his low back and left lower extremity 02/19/14 while performing his usual and customary duties as a janitor; he slipped and fell while mopping. Clinical note dated 04/03/14 reported that the injured worker noted no improvement despite weeks of medications, work restrictions and physical therapy. Physical examination noted no objective findings significant to the work related injury six weeks prior. Neurological assessment of the back injury noted radiculopathy completely negative; straight leg raise negative and orthopedic evaluation was unremarkable as well, except for pain complaints of palpation and volitional reduced range of motion in the back and other joints; no objective findings of any injury were documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Lumbar w/o Contrast: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, MRI's (magnetic resonance imaging)

Decision rationale: The previous request was denied on the basis that in this case, there were no objective findings on examination of any sciatica, lumbar radiculopathy or lumbar derangement of significance or any neurological deficits due to peripheral nerve injury. There was no need for advanced imaging of the low back. There was no report of a new acute injury or exacerbation of previous symptoms, no mention that a surgical intervention was anticipated. There was no indication that plain radiographs were obtained prior to the request for more advanced MRI, and no additional significant red flags identified. Given this, the request for MRI of the lumbar spine without contrast is not medically necessary and appropriate.