

Case Number:	CM14-0071802		
Date Assigned:	07/16/2014	Date of Injury:	10/12/2013
Decision Date:	10/07/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/19/2014

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 Texas. 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 51-year old female who was injured on 10/12/13. The mechanism of injury is not described. Clinical note dated 12/17/13 notes the injured worker complains of lumbar pain rated at a 6/10. This note does not include a physical examination and does not describe the injured worker's previous treatment for this complaint. This note does reference an x-ray of the lumbar spine dated 10/11/13 which was reported as "No Acute changes Narrowing L5-S1 Disc Space." Per this note the injured worker is diagnosed with sprain/strain of the lumbosacral region. It is indicated that the injured worker may return to work on 12/17/13. The treatment plan provided in this note indicates treatment is to include an MRI of the lumbar spine (done 07/07/14), acupuncture twice per week for four weeks, Tylenol 3 and Anaprox. There are no subsequent clinical notes submitted for review. A prospective request for an MRI of the lumbar spine to be performed between 04/23/14 and 06/07/14 is submitted on 04/17/14 and is subsequently denied by Utilization Review dated 04/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRI of the lumbar spine (lower back), as an out-patient: 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.

Decision rationale: The request for an MRI of the lumbar spine (lower back) as an out-patient is not recommended as medically necessary. ACOEM states, "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. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." The records submitted for review did not include a detailed physical examination of the injured worker's lumbar region or lower extremities. There is no evidence of specific nerve compromise. The records submitted for review did not include a rationale for the requested imaging study. Based on the clinical information provided, medical necessity of an MRI of the lumbar spine is not recommended as medically necessary.