

Case Number:	CM14-0075288		
Date Assigned:	07/16/2014	Date of Injury:	03/01/2014
Decision Date:	09/22/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/23/2014

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 22 year old male who sustained an injury to his low back on 03/01/14 while climbing a ladder to grab a box of 60-90 lb. meat; he pulled too hard and suddenly lost his balance, causing him to fall off the ladder. A progress report dated 04/22/14 noted that the injured worker reported he completed 5 of 6 authorized physical therapy visits and his back pain was worse. The injured worker has subjective complaints of right testicular pain as well as low back pain. The injured worker reported he was only taking Ibuprofen which he stated was not very helpful, but stated the pain was not severe enough to require either Cyclobenzaprine or Tramadol. Physical examination noted flexion of the lumbar spine to 80 degrees with mild paravertebral muscle spasms; no muscle or SI joint tenderness; Deep tendon reflexes were all normal and symmetrical; gait and stance normal. There were no plain radiographs provided for review. The injured worker was diagnosed with a lumbosacral sprain and to continue on modified work duty.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of lumbar spine: Upheld

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

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, MRIs (magnetic resonance imaging).

Decision rationale: There was no report of a new acute injury or exacerbation of previous symptoms. There was no mention that a surgical intervention was anticipated. There were no physical examination findings of decreased motor strength, increased reflex or sensory deficits. There was no indication that plain radiographs were obtained prior to the request for more advanced magnetic resonance image (MRI). There were no physical therapy notes provided for review that would indicate the amount of physical therapy visits the injured worker has completed to date or the injured worker's response to any previous conservative treatment. There was no indication that the injured worker was actively participating in a home exercise program. Given this, the request for an MRI of the lumbar spine is not indicated as medically necessary.