

Case Number:	CM14-0076607		
Date Assigned:	07/18/2014	Date of Injury:	08/21/2013
Decision Date:	09/22/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/27/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 54-year-old male who reported an injury on 08/21/2013 due to a motor vehicle accident. The injured worker had a history of headaches and lower back pain. The injured worker had a diagnosis of lightheadedness status post trauma, possible post concussion-type syndrome, and lower back pain with sciatic left leg. The MRI of the brain dated 12/05/213 revealed no acute intracranial abnormalities, a mild to moderate degree of periventricular and deep white matter. The past treatment included medication and acupuncture, X-ray, VNG testing, and audiogram. The medications included nortriptyline, ibuprofen 600 mg, and hydrocodone. The objective findings dated 3/11/2014 revealed dizziness and headaches, alert and orientated, normal gait, able to get up and down the chair easily, carotids were 2+ and symmetric, no bruits. The reported pain was a 4/10 using the VAS. The treatment plan included completion of acupuncture, continue the nortriptyline at 50 mg, and continue light duty. The request for authorization dated 07/18/2014 was submitted with documentation. The rationale for the MRI of the lumbar spine was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back.

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

Decision rationale: MTUS/ACOEM Guidelines indicate if physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause magnetic resonance imaging (MRI) for neural or other soft tissue. The clinical notes provided did not indicate that a physical examination of the lumbar spine had been performed. The headaches were indicated to be related to the neck and head. An MRI of the head was performed. The clinical note also indicated that the injured worker has high blood pressure and was also having headaches which could be in relation to current dizziness. As such, the request is not medically necessary.