

Case Number:	CM14-0079391		
Date Assigned:	07/18/2014	Date of Injury:	02/18/2014
Decision Date:	09/19/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	05/29/2014

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 & Rehabilitation and is licensed to practice in Nevada. 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 36 year-old female who was reportedly injured on 2/18/2014. The mechanism of injury is noted as a fall. The most recent progress note dated 4/2/2014, indicates that there are ongoing complaints of low back pain. The physical examination demonstrated: abnormal gait using a cane, abnormal posture, guarded, positive tenderness of the paravertebral musculature, limited range of motion, bilateral lower extremity reflexes 2/4, sensory intact, straight leg raise negative sum back muscle weakness noted. There are no recent diagnostic studies are available for review. Previous treatment includes: medications, physical therapy, chiropractic care and conservative treatment. A request was made for magnetic resonance image lumbar spine and was not medically necessary in the on 5/19/2014.

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. 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: American College of Occupational and Environmental Medicine practice guidelines support; a magnetic resonance image of the lumbar spine for patients with subacute or chronic radiculopathy, lasting at least 4 to 6 weeks, if symptoms are not trending towards improvement, and if both the patient and surgeon are considering prompt surgical treatment, assuming the magnetic resonance image confirms ongoing nerve root compression. Review of the available medical records fails to report any objective clinical findings of radiculopathy on physical exam. As such, the request is not considered medically necessary.