

Case Number:	CM14-0081387		
Date Assigned:	07/18/2014	Date of Injury:	06/10/2013
Decision Date:	09/12/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	06/02/2014

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 and is licensed to practice in Illinois. 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 58-year-old female who reported an injury on 06/10/2013. The mechanism of injury was not provided. On 04/30/2014, the injured worker presented with lumbar spine pain. Upon examination of the lumbar spine there was tenderness to palpation over the paraspinal muscles/sacroiliac joints/sciatic notch, and posterior iliac crest/gluteal muscles. There were spasms bilaterally to the paraspinal muscles and bilateral gluteal muscles and decreased range of motion. There was a positive straight leg raise on the left. Decreased deep tendon reflexes to the knee and ankles bilaterally. There was left lower extremity decreased range of motion and 4/5 strength with decreased sensation to light touch and pinprick in the left lower extremity. The diagnoses were lumbosacral musculoligamentous sprain/strain with radiculitis and lumbosacral spine disc protrusion. Prior therapy included medications, the use of an interferential unit, and EMG and NCV for the lower extremities. The provider recommended an MRI of the lumbar spine, the provider's rationale was not provided. The Request for Authorization Form was dated 04/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Lumbar: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS/ACOEM Guidelines state that unequivocal objective findings of identifying specific nerve compromise on the neurologic exam are sufficient evidence to warrant imaging studies in injured workers who do not respond to treatment. However, it is also stated that when a neurologic exam is less clear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. The included medical documents failed to show that the injured worker had tried and failed an adequate course of conservative treatment. In absence of documentation showing a failure of initially recommended conservative care, including active therapies, an MRI is not supported by the referenced guidelines. As such, the request is not medically necessary and appropriate.