

Case Number:	CM14-0081677		
Date Assigned:	07/18/2014	Date of Injury:	11/13/2013
Decision Date:	09/09/2014	UR Denial Date:	05/06/2014
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 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 records presented for review indicate that this 40 year-old male was reportedly injured on 11/13/2013. The mechanism of injury is noted as a tractor-trailer rollover accident. The most recent progress note dated 6/8/2014, indicates that there are ongoing complaints of low back pain, right shoulder pain, right forearm pain and insomnia. Physical examination demonstrated limited range of motion of right shoulder, elbow and lumbar spine; positive right straight leg raise and hyperesthesia bilateral L5 and S1. No recent diagnostic imaging studies available for review. Diagnosis includes lumbar radiculitis, right shoulder internal derangement, status post right forearm surgery, and insomnia. Previous treatment includes physical therapy, acupuncture and medications. A request had been made for MRI of the lumbar spine which was not certified in the utilization review on 5/6/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Imaging (MRI) lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter.

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

Decision rationale: ACOEM practice guidelines support a MRI 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 MRI confirms ongoing nerve root compression. Review of the available medical records documents low back pain with radiation into the lower extremities; however, it is unclear how many physical therapy sessions were attended for the low back problem. In addition, there is no surgical referral to a neurosurgeon and/or orthopedic spine surgeon documented. As such, the request is not considered medically necessary.