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| Case Number: | CM14-0083079 | | |
| Date Assigned: | 07/21/2014 | Date of Injury: | 04/17/2009 |
| Decision Date: | 10/03/2014 | UR Denial Date: | 05/14/2014 |
| Priority: | Standard | Application Received: | 06/03/2014 |

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 Family Practice and is licensed to practice in Texas and Mississippi. 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 51-year-old female who reported an injury on 04/17/2009. The mechanism of injury was not provided. On 04/21/2014, the injured worker presented with complaints of back pain with activity and pain into the lower extremity. The diagnoses were sprain of the lumbar region, lumbosacral disc degeneration, and lumbar disc displacement. Upon examination, there was a mild altered gait with a cane for ambulation and 5/5 strength in the lower extremity. Prior therapy included medications. The provider recommended an MRI scan of the lumbar spine; the provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI scan 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-Treatment Low Back (updated 05/12/14)MRI's (magnetic resonance imaging)

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 identifying specific nerve compromise on the neurologic exam are sufficient evidence to warrant imaging if injured workers do not respond treatment. However, it is also stated that when the neurologic exam is less clear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. The included medical document failed to show evidence of significant neurologic deficits upon physical examination. Additionally, documentation failed to show that the injured worker tried and failed an adequate course of conservative treatment. As such, medical necessity has not been established. The request for MRI scan of the lumbar spine is not medically necessary.