

Case Number:	CM14-0088307		
Date Assigned:	07/23/2014	Date of Injury:	08/22/2013
Decision Date:	09/19/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	06/12/2014

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 California. 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 patient is a 37 year old female who was injured on 08/22/2013. The mechanism of injury is unknown. Prior treatment history has included TENS, Norco, and Protonix. Progress report dated 04/23/2014 documented the patient to have complaints of back pain. On exam, the lumbar spine revealed tenderness to palpation in the left upper, mid and lower paravertebral muscles. The range of motion is flexion to 20 degrees; 20 degrees right lateral bending; 20 degrees left lateral bending; 25 degrees right lateral rotation; 15 degrees left lateral rotation and extension to 15 degrees. There is increased pain with lumbar motion. Straight leg raise and rectus femoris stretch sign do not demonstrate any nerve irritability. She is diagnosed with lumbar spine strain and left lumbar radiculopathy. The patient has been recommended for PT and a MRI of the lumbar spine. A 6/4/14 note by [REDACTED] continues to recommend PT, TENS unit and medication. A 7/23/14 status report by [REDACTED] continued PT and medication without additional information. Prior utilization review dated 05/16/2014 by [REDACTED] states the request for MRI of Lumbar Spine is denied as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of Lumbar Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic, MRIs.

Decision rationale: According to the ACOEM guidelines, unequivocal objective findings that identify specific nerve compromise on the neurologic examination warrant imaging in patients who do not respond to treatment and to whom surgery is considered an option. According to the records, the patient is being referred for PT. It may be reasonable to assess patient's response when PT is completed prior to ordering MRI. The patient has not been shown to fail all conservative treatment. The request for lumbar MRI is not medically necessary at this time.