

Case Number:	CM14-0091102		
Date Assigned:	09/10/2014	Date of Injury:	04/29/2014
Decision Date:	10/14/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/16/2014

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 56-year-old male who reported an injury on 04/29/2014 due to a fall. On 05/27/2014 the injured worker presented with complaints of lower back pain with radiation to the arm. Upon examination of the lumbar spine there was tenderness to palpation over the lumbar paraspinal muscles and thoracic paraspinal muscles. There was no spinal process tenderness or masses palpable along the lumbar spine. There was positive facet loading maneuver bilaterally. There was sacroiliac joint tenderness to the right. The motor strength was 5/5 and there was diminished sensation noted to the right L5 and S1 dermatomes in the lower extremities. The diagnoses were lumbar radiculitis, thoracic pain, and bilateral knee contusion. Prior therapy included medications. The provider recommended a magnetic resonance imaging (MRI) of the lumbar spine. The provider's rationale is 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 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), Treatment in Workers Compensation (TWC), Low Back Chapter, Procedure Summary (05/12/2014)

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

Decision rationale: The request for a magnetic resonance imaging (MRI) of the lumbar spine is not medically necessary. The California American College of Occupational and Environmental Medicine (ACOEM) Guidelines state that unequivocal objective findings identifying specific nerve compromise on neurologic exam are sufficient evidence support imaging in injured workers who do not respond to treatment. However, it is also stated that when the neurologic exam is less clear, further physiological evidence of nerve dysfunction should be obtained before ordering imaging studies. The included medical documentation failed to show evidence of significant neurologic deficits upon physical examination. Additionally, documentation fails to show the injured worker had tried and failed an adequate course of conservative treatment. As such, medical necessity has not been established.