

Case Number:	CM14-0092538		
Date Assigned:	07/25/2014	Date of Injury:	03/18/2010
Decision Date:	09/09/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	06/18/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 36-year-old female who reported an injury on 03/18/2010. The documentation indicates the mechanism of injury was the injured worker tripped on a raised tile. The surgical history included a tibial sesamoidectomy of the right great toe. Prior diagnostic studies included an MRI and an x-ray of her foot. The prior treatments included ibuprofen, physical therapy, and modifications. The injured worker underwent a physical examination on 05/29/2014 which revealed the injured worker had complaints of low back pain radiating to the right leg and calf. There was numbness in the right leg. The physical examination revealed the injured worker had a slightly increased thoracic kyphosis. The injured worker had a negative straight leg raise. The diagnoses included lumbar spine radiculopathy and peroneal neuropathy, fibular head. The treatment plan included an MRI of the lumbar spine and a lower extremity EMG.

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.

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

Decision rationale: The ACOEM Guidelines indicate that unequivocal objective findings that identify specific nerve root compromise on neurological examination are sufficient to warrant imaging in injured workers who do not respond to treatment or who would consider surgery an option. The clinical documentation submitted for review failed to provide an objective physical examination to indicate the injured worker had specific nerve compromise. There was a lack of documentation indicating conservative treatment directed toward treatment of the spine. Given the above, the request for MRI of the lumbar spine is not medically necessary.