

Case Number:	CM14-0095826		
Date Assigned:	07/25/2014	Date of Injury:	11/22/2013
Decision Date:	08/28/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/24/2014

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 & 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 48-year-old female who reported an injury on 11/22/2013. The injury reportedly occurred when she was pushing a heavy medicine cart at work. Her diagnoses include lumbar spine musculoligamentous sprain/strain and right lower extremity radicular pain and paresthesia. Her past treatments were noted to include medications, pain injections, and physical therapy for the cervical spine and right shoulder. On 05/05/2014, the injured worker presented with multiple complaints including pain in her low back with radiating numbness into her right lower extremity. Her physical examination revealed decreased range of motion of the lumbar spine, positive straight leg raise test, normal sensation in the bilateral lower extremities, normal and equal reflexes in the bilateral lower extremities and normal motor strength in the bilateral lower extremities. Her medications were noted to include ibuprofen. The treatment plan included a recommendation for an MRI of the lumbar spine to rule out disc pathology and disc protrusion. The Request for Authorization form was not provided in the medical records.

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 Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines-Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 3-305.

Decision rationale: According to the California MTUS/ACOEM Guidelines, unequivocal evidence of neurologic dysfunction on the neurological examination is sufficient evidence to warrant imaging studies in patients who do not respond to conservative treatment. The clinical information submitted for review indicated that the injured worker had undergone physical therapy for the cervical spine and right shoulder. However, there is no documentation to indicate that the injured worker had failed an adequate course of physical therapy as a part of her conservative care for the lumbar spine. In addition, she was not shown to have any neurological deficits on physical examination to warrant imaging. For the reasons note above, the request is not medically necessary.