

Case Number:	CM14-0005313		
Date Assigned:	05/23/2014	Date of Injury:	12/27/2012
Decision Date:	03/12/2015	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/14/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 33-year-old female who reported an injury on 12/27/2012. The mechanism of injury was not provided. On 08/28/2013, the injured worker presented with moderate low back pain that radiates to the buttocks and thighs, and increases to moderate with walking, standing, lifting, pushing and pulling, and bending. Current medications included Vicodin and Norflex. Examination of the lumbar spine revealed decreased sensation and a positive left sided straight leg raise. There is tenderness and spasm elicited to palpation of the paralumbar and gluteal musculature bilaterally. There was tenderness noted over the sacroiliac joints and sciatic notch, and posterior iliac crest bilaterally, with decreased sensation to light touch and pinprick over the left anterolateral thigh, anterior knee, and medial leg and foot. The strength of the left knee flexors and extensors is decreased to 4/5 compared to normal, and 5/5 on the right. Diagnoses were lumbosacral musculoligamentous sprain/strain with radiculitis, and left knee sprain/strain without meniscal tear. The provider's treatment plan included an MRI of the lumbar spine. There was no rationale provided. The Request for Authorization form was dated 08/28/2013.

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): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, MRI's (magnetic resonance imaging)

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

Decision rationale: The request for an MRI of the lumbar spine is not medically necessary. The California MTUS Guidelines state that unequivocal objective findings identifying specific nerve compromise on a neurologic exam is sufficient evidence to warrant imaging in injured workers who do not respond to treatment. However, when the neurologic exam is less clear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. The clinical documentation submitted for review fails to show that the injured worker had failed to respond to initially recommended conservative treatment, including active therapies. As such, an MRI is not supported by the referenced guidelines.