

Case Number:	CM14-0186850		
Date Assigned:	11/14/2014	Date of Injury:	03/30/2011
Decision Date:	01/15/2015	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/10/2014

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 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 injured worker is a 54-year-old female with an original industrial injury on March 30, 2011. The mechanism of injury occurred when the worker was lifting a case of chemicals and felt a muscle pull. The accepted body region as part of the industrial claim is the lumbar spine. The industrially related diagnoses include chronic low back pain, lumbar radiculopathy, hip pain, and pelvic pain. Conservative therapies to date have included physical therapy, activity modification, pain medications. The disputed issue is a request for an MRI of the lumbar spine. The reason for this denial by a utilization review determination on October 20, 2014 was that there was "no objective documentation of radicular pain" and "no documented positive neurologic exam findings consistent with nerve compromise."

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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, MRI

Decision rationale: Regarding the request for lumbar MRI, ACOEM Practice Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. ODG states that MRIs are recommended for uncomplicated low back pain with radiculopathy after at least one month of conservative therapy. Within the documentation available for review, there is no identification of any objective findings that identify specific nerve compromise on the neurologic exam. In fact, the most recently submitted progress note has a date of service of 9/23/2013. The neurologic exam does not include deep tendon reflex, motor strength, or sensory testing. Due to a lack of documentation, the currently requested lumbar MRI is not medically necessary.