

Case Number:	CM14-0200205		
Date Assigned:	12/10/2014	Date of Injury:	09/04/2014
Decision Date:	01/28/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	12/01/2014

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 Rehab, has a subspecialty in Pain Medicine, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 09/04/14 when, while working as a [REDACTED] truck driver, he was involved in the roll over motor vehicle accident. Treatments included medications and physical therapy. X-rays of the cervical, thoracic, and lumbar spine on 09/04/14 were negative for acute injury. He was seen on 09/10/14. He was having headaches, neck pain, and back pain. He was not having any upper extremity radiating symptoms. Medications were nabumetone, acetaminophen, and metaxalone. Physical examination findings included an abnormal posture and gait. There was cervical spine tenderness. He had decreased cervical and lumbar spine range of motion. There was a normal neurological examination. On 09/24/14 he was improving slowly. Pain was rated at 7/10. Physical examination findings appear unchanged. Recommendations included continued physical therapy. He was seen by the requesting provider on 10/27/14. He was having ongoing neck and low back symptoms. He had pain radiating into the right lower extremity. Physical examination findings included appearing uncomfortable and transitioning positions with difficulty. He had mild to moderately decreased cervical and lumbar spine range of motion. There was cervical and lumbar paraspinal muscle and right sciatic notch tenderness. There was normal strength and sensation. Straight leg raising was negative. Cervical and lumbar spine MRI scans were ordered.

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. Decision based on Non-MTUS Citation Other clinical protocol

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging): Indications for imaging

Decision rationale: The claimant was approximately 6 weeks status post work-related injury as described above when seen by the requesting provider. Treatments had included medications and physical therapy. There was a normal neurological examination with negative straight leg raising. Applicable criteria for obtaining an MRI would include a history of trauma with neurological deficit and when there are 'red flags' such as suspicion of cancer or infection or when there is radiculopathy with severe or progressive neurologic deficit. In this case, there is no identified new injury. There are no identified 'red flags' or radiculopathy with severe or progressive neurologic deficit that would support the need for obtaining an MRI scan which therefore is not medically necessary.