

Case Number:	CM14-0208050		
Date Assigned:	12/16/2014	Date of Injury:	10/14/2014
Decision Date:	04/06/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	12/12/2014

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

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 38-year-old female who reported an injury on 10/14/2014. The mechanism of injury was not specifically stated. A previous request for an MRI had been denied based on no presenting evidence of a physiological study having been done showing evidence of radiculopathy. The injured worker was seen on 10/15/2014 with complaints of acute pain across the lumbar spine with the inability to completely straighten up when trying. The injured worker had been provided with Norco, Norflex, and Anaprox. She further stated being unable to stand up without acute pain radiating down her right leg and was unable to bend over. She was diagnosed with a sprain/strain of the lumbar region with acute lumbar spine muscle strain.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

MRI Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG, Low Back, MRIs.

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

Decision rationale: According to the California MTUS/ACOEM Guidelines, specialty studies are not supported until an injured worker has completed a thorough course of conservative modalities. Without having any indication that the injured worker had exhausted conservative treatments, she did not meet the criteria for the requested service. Additionally, without having any comprehensive physical examination identifying radicular symptoms to warrant the MRI, and without plain film x-rays having ruled out fractures, the requested MRI of the lumbar spine is not considered a medical necessity.