

Case Number:	CM15-0002563		
Date Assigned:	01/13/2015	Date of Injury:	09/26/2014
Decision Date:	03/17/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/06/2015

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, Hawaii
 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 25 year old male, who sustained a work related injury on 9/26/14. He has reported immediate back and groin pain when he was forcefully pulling on a cable. The diagnoses have included lumbar sprain and right inguinal hernia. Treatment to date has included cold therapy, oral medications, groin strap application and chiropractic treatments. In the PR-2 dated 10/27/14, the injured worker complains of back pain. He states chiropractic treatment helping back pain. He states "my groin where my hernia is has been under insane pain. Both when I am moving in any way or if I touch the area at all." On 12/19/14, Utilization Review non-certified a request for a lumbar spine MRI, noting there is no documentation of objective findings noting nerve compromise in a neurological exam. There are no documented indications for the performance of the MRI. The California MTUS, ACOEM Guidelines, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar MRI: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back, MRIs (magnetic resonance imaging)

Decision rationale: The patient presents with constant low back pain and left leg pain causing abnormal gait. The current request is for Lumbar MRI. The treating physician requests MRI of the lumbar spine on 10/27/14 (39b). ODG states that MRIs (magnetic resonance imaging) are recommended for uncomplicated low back pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit. In this case, the treating physician has documented in the 10/27/14 progress report, pain that is radiating into the left leg as well as positive SLR of 60 degrees. The patient reports that the chiropractic sessions are "not helping." Given no documentation of prior MRI, the current request is medically necessary and the recommendation is for authorization.