

Case Number:	CM15-0002600		
Date Assigned:	01/13/2015	Date of Injury:	09/02/2013
Decision Date:	03/16/2015	UR Denial Date:	12/15/2014
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
 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 34-year-old female who reported an injury on 09/02/2013 due to a trip and fall. On 10/28/2014, the injured worker presented with complaints of low back pain radiating down the left lower extremity. There is no medication use. Examination of the lumbar spine revealed painful flexion and extension and tenderness to the left paraspinal muscles at the L3, L4, and L5. There was a positive left sided straight leg raise with no sensory deficits noted. The diagnoses were lumbar sprain, lumbar myelopathy, and lumbar sciatica. The provider recommended an MRI of the lumbar spine. There was no rationale provided. The Request for Authorization form was not included in the medical documents for review.

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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, MRI

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

Decision rationale: The request for MRI of the lumbar spine is not medically necessary. The California MTUS/ACOEM Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic exam are sufficient evidence to warrant imaging in injured workers who do not respond to treatment. However, it is also stated that when the neurologic exam is less clear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. The included medical documents failed to show evidence of significant neurologic deficits on physical exam. Additionally, the documentation fails to show that the injured worker had tried and failed an adequate course of conservative care. In the absence of documentation showing the failure of initially recommended conservative care, including active therapies, and neurologic deficits on physical exam, an MRI is not supported by the referenced guidelines. As such, medical necessity has not been established.