

Case Number:	CM15-0007974		
Date Assigned:	01/23/2015	Date of Injury:	06/18/2014
Decision Date:	03/19/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/14/2015

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, Arizona

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 51-year-old male who reported an injury on 06/18/2014 due to an unspecified mechanism of injury. On 12/10/2014, he presented for a followup evaluation continuing to complain of abdominal pain and soreness. He rated his pain at 5/10. He also reported localized low back pain rated 4/10 and stated that it could fluctuate anywhere from 2/10 to 6/10, but did not radiate into the lower extremities. On physical examination of the low back, he had mild to moderate tenderness in the lower lumbar paraspinal parafacet area on palpation. Information regarding the injured worker's diagnosis was not provided. The treatment plan was for 1 MRI of the lumbar spine. The rationale was to evaluate the injured worker's symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRI for 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), Treatment in Workers' Compensation, Online Edition Low back- Lumbar & Thoracic (Acute & Chronic)

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

Decision rationale: According to the California ACOEM Guidelines, unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies in those who do not respond to treatment and who would consider surgery an option. Based on the clinical documentation submitted for review, the injured worker had reported low back pain. However, there is a lack of documentation indicating that the injured worker has significant neurological deficits to support the request for an MRI of the lumbar spine. Also, there is a lack of evidence showing that he has tried and failed recommended conservative treatment prior to the request for an MRI. Given the above, the request is not medically necessary.