

Case Number:	CM15-0034329		
Date Assigned:	03/02/2015	Date of Injury:	07/08/2011
Decision Date:	04/08/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/24/2015

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 59-year-old female who reported an injury on 07/08/2011. The mechanism of injury was due to a fall off a ladder. Her diagnoses included lumbago and joint pain in the forearm. Her past treatments include medications and injections. On 12/29/2014, the injured worker complained of low back pain; left wrist pain that radiates with activity to the forearm. Her pain scale was noted to be at 8/10 with medications and 10/10 without medications. The physical examination of the lumbar spine revealed tenderness over the midline and paraspinal areas, left sacroiliac joint, right sacroiliac joint, bilateral trochanteric bursas; with limited lumbar flexion and extension. The documentation indicated grip strength was diminished in the wrists. The treatment plan included a lumbar MRI. A rationale was not provided. A Request for Authorization was submitted on 01/27/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Spine MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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, special studies are recommended if there are unequivocal objective findings identifying specific nerve compromise on the neurologic examination in patients who do not respond to treatment and who consider surgery an option. The injured worker was indicated to have chronic low back pain. However, there was a lack of documentation upon physical examination in regard to significant neurological deficits or neurologic dysfunction. In the absence of the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.