

Case Number:	CM14-0121241		
Date Assigned:	08/06/2014	Date of Injury:	04/04/2014
Decision Date:	10/14/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	07/31/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 records presented for review indicate that this 31-year-old gentleman was reportedly injured on April 4, 2014. The mechanism of injury is noted as tripping on a pile of linen. The most recent progress note, dated July 14, 2014, indicates that there are ongoing complaints of left wrist pain, left forearm pain, and left shoulder pain as well as low back pain. The physical examination demonstrated tenderness and spasms along the cervical paraspinal muscles and a positive Spurling's test to the left side. There was weakness with the left bicep and wrist extension measured at 4/5. The examination of the lumbar spine also noted paraspinal tenderness and spasms. There was also tenderness at the sciatic notch. There was mild weakness with the extensor hallucis longus measured at 4/5 and a negative straight leg raise test. Diagnostic imaging studies are unknown. Previous treatment includes physical therapy and oral pain medications. A request had been made for an MRI the lumbar spine and was not certified in the pre-authorization process on July 24, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Lumbar Spine w/o Contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM July 2012; Neck Section : MRI

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, MRI, Updated August 22, 2014.

Decision rationale: According to the Official Disability Guidelines the indications for an MRI the lumbar spine include uncomplicated low back pain with radiculopathy after at least one month of conservative therapy. The physical examination of the injured employee indicates muscle strength weakness in the lower extremity, however it is unclear how long the injured employee has participated in physical therapy or what the efficacy of this program has been. Considering this, this request for an MRI the lumbar spine is not medically necessary.