

Case Number:	CM14-0121567		
Date Assigned:	09/16/2014	Date of Injury:	03/22/2012
Decision Date:	10/22/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/01/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in California. 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 injured worker is a 41 year-old male who was reportedly injured on March 22, 2012. The most recent progress note dated June 4, 2014, indicates that there were ongoing complaints of low back pain. The physical examination demonstrated a 5'10", 250 pound individual in no acute distress. Lower extremity strength is under be 5/5. Deep tendon reflexes are 2+. Sensation is intact. Sensation to palpation a lower lumbar spine. Diagnostic imaging studies were not presented as part of this narrative. Previous treatment includes multiple medications, physical therapy, and other pain management interventions. A request was made for an MRI of the lumbar spine and was not certified in the pre-authorization process on July 29, 2014.

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 Qty 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES

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

Decision rationale: When noting the date of injury, the injury sustained, the treatment being rendered, the ability of this injured worker to participate in a gymnasium with a trainer, and that this is an acute flare with no evidence of any exacerbation of neurologic compromise, there is

insufficient clinical data presented to support the need for a repeat MRI. Therefore, noting the parameters outlined in the ACOEM guidelines is not medically necessary.