

Case Number:	CM14-0135047		
Date Assigned:	08/29/2014	Date of Injury:	08/26/2009
Decision Date:	10/10/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/22/2014

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 Internal 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 54 year old male who reported an injury on 08/26/2009 to his low back. The injured worker stated the initial injury occurred when his left foot slipped off a ladder and he struck the ground. The electrodiagnostic studies completed on 07/08/14 revealed essentially normal findings. The clinical note dated 08/18/14 indicates the injured worker complaining of low back pain with associated stiffness and soreness, particularly in the morning. The note indicates the injured worker being recommended for a course of physical therapy. The injured worker stated the low back pain was affecting his ability to complete his job functions. The utilization review dated 08/22/14 resulted in a denial for physical therapy 3 x a week x 6 weeks. The clinical note dated 06/02/14 indicates the injured worker utilizing Morphine, Oxycodone, and Cymbalta for pain relief. The clinical note dated 08/13/13 indicates the injured worker complaining of low back pain. The note does indicate the injured worker reported a popping noise during the initial injury when he fell off a ladder. The pop was identified in the low back. The injured worker also reported additional injuries at the left foot. There is an indication the injured worker had undergone physical therapy as well as the use of a TENS unit and an epidural. The injured worker also had undergone a sympathetic nerve block addressing the lower extremity complaints. The injured worker described a burning sensation and hot flashes at the trunk of both legs. Upon exam, no strength deficits were identified in the lower extremities. No reflex deficits were identified.

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: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for an MRI of the lumbar spine is non-certified. The documentation indicates the injured worker complaining of low back pain. There was also an indication the injured worker has complaints of a burning sensation in the lower extremities. An MRI is indicated in the lumbar region provided the injured worker meets specific criteria to include completion of all conservative treatments. There is an indication the injured worker had undergone formal therapy. However, there is also an indication the injured worker had complaints of pain at several sites. Given this information, it is unclear if the therapy was directed towards the lumbar complaints. Therefore, it is unclear if the injured worker has completed all conservative treatments addressing the lumbar region complaints. As such, this request is not indicated as medically necessary.