

Case Number:	CM14-0137318		
Date Assigned:	09/05/2014	Date of Injury:	03/13/2014
Decision Date:	10/16/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/25/2014

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 Anesthesiology, 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 35 year old female who sustained an injury to her low back on 03/13/14 while taking an emergency door off of a flight simulator; she dropped it on her right knee. Orthopedic evaluation dated 06/23/14 reported that the injured worker complained of low back and right knee pain at 8/10 VAS and was unable to perform her activities of daily living due to the pain. Clinical note dated 09/15/14 reported that the injured worker continued to complain of low back pain radiating to the right lower extremity at 9/10 VAS. The injured worker also complained of right knee pain that was increased with weight bearing at 7/10 VAS. Physical examination noted tenderness to palpation over the medial/lateral joint line and decreased range of motion. There was no recent detailed physical examination of the lumbar spine provided for review. 09/15/14 progress note also reported that the injured worker had not received any physical therapy. She was only taking prescription medications as needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Lumbar Spine Without Dye: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints Page(s): 341-343, 303-305.

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 chapter, MRIs (magnetic resonance imaging)

Decision rationale: The request for MRI of the lumbar spine without contrast is not medically necessary. Previous request was denied on the basis that within the submitted documentation, there was no evidence that the injured worker had participated in other physical modalities to qualify as an attempt at conservative care, other than pharmaceutical interventions. Despite the injured worker having physical findings that showed evidence of radicular symptoms, as evidenced by radiating pain and decreased motor strength in the bilateral lower extremities, there was no documentation of an attempt to utilize physical modalities outlined by guidelines to be utilized prior to using MRI, which is not supported by guidelines at this time. There was no report of a new acute injury or exacerbation of previous symptoms. There was no mention that a surgical intervention was anticipated. There were no physical therapy notes provided for review indicating the amount of physical therapy visits that the injured worker had completed to date or the injured worker's response to any previous conservative treatment. There was no indication that the injured worker was actively participating in a home exercise program. There was no indication that plain radiographs were obtained prior to the request for more advanced MRI. There were no additional significant 'red flags' identified. Given this, the request for MRI of the lumbar spine without contrast is not indicated as medically necessary.