

Case Number:	CM14-0143496		
Date Assigned:	09/10/2014	Date of Injury:	05/29/2010
Decision Date:	10/14/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	09/04/2014

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 & Rehabilitation 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 female who reported an injury on 05/29/2010. The mechanism of injury was not provided, but on 07/24/2014, the injured worker presented with right lower leg complaints. Upon examination of the lumbar spine, there was an antalgic gait and tenderness to the L4-5 and L5-S1. There was unilateral tenderness over the peripatellar. The diagnoses were chronic pain syndrome, low back pain, and neck pain. Prior therapy included physical therapy. The provider recommended an MRI of the lumbar spine. The provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

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: Decision based on MTUS ACOEM.

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 not medically necessary. The California MTUS Guidelines state unequivocal objective findings identifying specific nerve compromise on the neurological exam are sufficient evidence for imaging in injured workers

who do not respond to treatment. However, it is also stated when the neurologic exam is less clear, further physiologic evidence of nerve dysfunction should be obtained before ordering imaging studies. The included medical document failed to show evidence of significant neurological deficits on physical examination. Additionally, the documentation failed to show the injured worker had tried and failed an adequate course of conservative treatment. As such, medical necessity has not been established.