

Case Number:	CM14-0153085		
Date Assigned:	10/03/2014	Date of Injury:	07/11/2014
Decision Date:	10/29/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/19/2014

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 Pain Management 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 55 year old male with a date of injury on 7/11/2014. He is diagnosed with lumbar sprain/strain. He was seen for an evaluation on September 3, 2014. He complained low back pain and leg weakness. He reported that the pain does not radiate. He also complained of numbness and tingling sensations to the lower extremities. An examination of the lumbar spine revealed spasms and tenderness over the area. Range of motion was restricted. Sensation was intact to light touch and pinprick in all dermatomes of the bilateral lower extremities. Straight leg raising test was negative.

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 without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305,309.

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 clinical scenario of the injured worker does not satisfy indications for imaging. There is no documentation of any neurological deficits, suspicion for fracture, cancer,

infection, radiculopathy, or myelopathy. Hence, the request for magnetic resonance imaging (MRI) scan of the lumbar spine is not medically necessary at this time per ODG.