

Case Number:	CM14-0064952		
Date Assigned:	07/11/2014	Date of Injury:	02/18/2014
Decision Date:	08/27/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/08/2014

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 Orthopedic Surgery 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 records presented for review, indicate that this 45-year-old female was reportedly injured on February 18, 2014. The mechanism of injury was a fall onto the buttocks. The most recent progress note, dated April 30, 2014, indicated that there were ongoing complaints of low back pain. The physical examination demonstrated no tenderness of the lumbar spine or hips. There was a positive left sided straight leg raise test and a normal lower extremity neurological examination. There was full range of motion of the lumbar spine, hips, and knees. Acupuncture and an MRI of the lumbar spine were recommended. Previous treatment included physical therapy and chiropractic care. A request was made for an MRI of the lumbar spine and was not certified in the pre-authorization process on April 29, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI LumbarQuantity One: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304 & 309.

Decision rationale: The American College of Occupational and Environmental Medicine Guidelines support an MRI of the lumbar spine for patients with subacute or chronic radicular pain syndromes lasting at least four to six weeks and in whom the symptoms are not trending towards improvement if both the patient and surgeon are considering prompt surgical treatment, assuming the MRI confirms ongoing nerve root compression. A review of the available medical records indicated that there were no complaints or physical examination findings of a radiculopathy. Considering this, the request for an MRI the lumbar spine is not medically necessary.