

Case Number:	CM14-0094264		
Date Assigned:	07/25/2014	Date of Injury:	12/05/2011
Decision Date:	10/16/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/20/2014

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 and Rehabilitation, and is licensed to practice in Nevada. 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 49 year-old male was reportedly injured on 12/5/2011. The mechanism of injury is noted as a slip and fall. The most recent progress note, dated 4/21/2014, indicates that there were ongoing complaints of low back pain that radiates into the lower extremity. The physical examination demonstrated: WDNW in NAD, mild altered gait with a cane for ambulation. 5/5 lower extremity. No recent diagnostic studies are available for review. Previous treatment includes medications and conservative treatment. A request had been made for an MRI of the lumbar spine, and was not certified in the pre-authorization process on 5/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Lumbar Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): electronically cited.

Decision rationale: ACOEM practice guidelines support an MRI of the lumbar spine for patients with subacute or chronic radiculopathy lasting at least 4 to 6 weeks if symptoms are not trending towards improvement, and if both the patient and surgeon are considering prompt surgical treatment, assuming the MRI confirms ongoing nerve root compression. Review of the available medical records fails to report radiculopathy on physical examination. As such, the request is not considered medically necessary.