

Case Number:	CM14-0098037		
Date Assigned:	07/28/2014	Date of Injury:	02/07/2012
Decision Date:	09/22/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	06/26/2014

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 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 48-year-old who reported injury on February 7, 2012. The mechanism of injury was cumulative trauma. Prior treatments included a right shoulder arthroscopy and tennis elbow debridement. The medications were not provided. The diagnostic studies were not provided. The documentation of April 23, 2014 revealed the injured worker had difficulties with his low back. The examination of his low back revealed the injured worker was tender diffusely across the low back. The injured worker had trigger points and myofascial guarding. The injured worker had decreased range of motion. The diagnoses included lumbar spine sprain/train and intermittent lower extremity radiculitis. The treatment plan included an MRI of the lumbar spine and a referral to a general surgeon for hernia surgery. There was no Request for Authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Imaging (MRI) of Lumbar Spine without Contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Work Loss Data Institute, LLC; Corpus Christi, TX; www.odg-twc.com; Section Low Back.

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

Decision rationale: The Low Back Complaints Chapter of the American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines indicates that there should be documentation of unequivocal objective findings that identify specific nerve root compromise on the neurologic examination is sufficient enough to warrant imaging in injured workers who do not respond to treatment and who would consider surgery an option. The clinical documentation submitted for review failed to indicate the injured worker had undergone treatment for his lumbar spine. There was a lack of documentation indicating objective findings upon physical examination to support the necessity for an MRI. There was a lack of documentation of lower level examinations of the spine. Given the above, the request for an MRI of the lumbar spine without contrast is not medically necessary or appropriate.