

Case Number:	CM14-0217713		
Date Assigned:	01/07/2015	Date of Injury:	02/28/2014
Decision Date:	06/15/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	12/29/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Connecticut, California, Virginia
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 47-year-old female who sustained an industrial injury on 02/28/14. Initial complaints and diagnoses are not available. Treatments to date include medications. Diagnostic studies include x-rays. Current complaints include back pain radiating to her shoulder blades. Current diagnoses include thoracic and lumbar spine sprain/strain, and history of rib contusion. In a progress note dated 05/09/14, the treating provider reports the plan of care as physical therapy and Motrin. The requested treatment is a lumbar spine MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI lumbar 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)- low back.

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

Decision rationale: The MTUS discusses recommendations for MRI in unequivocal findings of specific nerve compromise on physical exam, in patients who do not respond to treatment, and who would consider surgery an option. Absent red flags or clear indications for surgery, a clear indication for MRI is not supported by the provided documents. Physical therapy has also been requested, and therefore the patient cannot be considered as having failed conservative treatment. It appears that the patient is improving with conservative management. Without further indication for imaging, the request for MRI at this time cannot be considered medically necessary per the guidelines.