

Case Number:	CM14-0055507		
Date Assigned:	07/09/2014	Date of Injury:	08/01/2013
Decision Date:	03/27/2015	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	04/24/2014

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: TR, 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 24 year old male, who sustained an industrial injury on 8/1/2013. The diagnoses have included cervical, thoracic and lumbar sprain. Treatment to date has included therapy and medication. A therapy report dated 1/3/2014 documents that overall, significant gains were noted in objective testing and subjective reports. A progress report dated 2/27/2014 documents that the injured worker had 12 visits of physical therapy/occupational therapy. According to the handwritten Primary Treating Physician's Progress Report from March 2014, physical therapy/occupational therapy were approved. The progress report was difficult to read. Objective findings revealed tenderness to palpation of the lumbar spine. Treatment plan was to continue medications and start Lidocaine. On 4/18/2014, Utilization Review (UR) non-certified a request for magnetic resonance imaging (MRI) of the lumbar spine. The American College of Occupational and Environmental Medicine (ACOEM) Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Imaging (MRI) lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 177-178, 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. In this case it appears that the patient has responded positively to treatment (non-operative) with physical therapy, and objective measures of functional improvement in strength and range of motion in the provided records support non-operative management. Without further indication for imaging, the request for MRI at this time cannot be considered medically necessary per the guidelines.