

Case Number:	CM15-0011118		
Date Assigned:	01/29/2015	Date of Injury:	09/18/2014
Decision Date:	03/26/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/21/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 male who reported an injury on 09/18/2014 due to an unspecified mechanism of injury. On 01/21/2015, he presented for a followup evaluation. He reported pain in the lumbar spine and it was stated that his request for a lumbar MRI had been denied. Objective findings showed a positive straight leg raise for the low back pain radiating into the left lower extremity. He reported that his leg symptoms were elevated with walking or prolonged sitting. He was diagnosed with a lumbar sprain and strain, radiculitis, rule out discopathy. The treatment plan was for an MRI of the lumbar spine to rule out a disc herniation.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging) to the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), MRI (magnetic resonance imaging)

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

Decision rationale: According to The California/ACOEM Guidelines, unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to support imaging in those who do not respond to treatment. The documentation provided does not show any physical examination findings indicating nerve compromise in the neurologic examination to support the request. Also, there is a lack of evidence showing that he has tried and failed recommended conservative treatment. In the absence of this information, the request would not be supported by the evidence based guidelines. As such, the request is not medically necessary.