

Case Number:	CM13-0000725		
Date Assigned:	04/23/2014	Date of Injury:	04/09/2013
Decision Date:	06/09/2014	UR Denial Date:	06/04/2013
Priority:	Standard	Application Received:	06/17/2013

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 Occupational Medicine and is licensed to practice in New York and North Carolina. 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 employee states he was injured 4/9/2013 lifting a 40-45 pound package. He had chiropractic treatments. He had a prior low back surgery approximately 25 years before. His provider is appealing the decision to deny his lumbar MRI. On 5/7/13, the injured worker's treating provider stated that he had developed radicular symptoms in the right lower extremity (numbness), which persisted after three weeks of conservative treatment with PT, and thereby requested lumbar MRI approximately 6 weeks after injury. The consultant physiatrist noted no radiculopathy on 5/28/14 but also requested an MRI, as he had plateaued in PT.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR MRI (MAGNETIC RESONANCE IMAGING): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

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

Decision rationale: The ACOEM practice guidelines recommend imaging in patients who do not respond to treatment and who would consider having surgery as an option, if there are objective findings that specify nerve compromise. If there is physiologic evidence of tissue insult

or nerve impairment, then further study is indicated. It is indicated to diagnose disc protrusion, cauda equina syndrome, spinal stenosis and post-laminectomy syndrome. He did not have evidence of this on reports reviewed in consideration of the original request.