

Case Number:	CM13-0000844		
Date Assigned:	02/26/2014	Date of Injury:	04/11/2013
Decision Date:	04/11/2014	UR Denial Date:	06/07/2013
Priority:	Standard	Application Received:	06/26/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, 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:

This is a female patient with the date of injury of April 11, 2013. A utilization review determination dated June 7, 2013 recommends non-certification of retro MRI lumbar. The previous reviewing physician recommended non-certification of a MRI lumbar due to lack of documentation of red flags symptoms of cauda equina syndrome, prior radiologist interpretation of x-rays or actual review of x-rays, and results of prior therapy. A progress report dated May 21, 2013 identifies subjective complaints of dull/achy, moderate exacerbating mid & low back pain. Objective findings identify positive Kemp's, sciatica, and positive Milgram's. 60 degrees lumbar flexion, and radicular factors were noted. Diagnoses identify lumbar intervertebral disc syndrome, radiculitis/neuritis lumbar, and coccyx sprain/strain.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR MRI LUMBAR DOS 5/17/13: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

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

Decision rationale: Regarding the request for an MRI of the lumbar spine, guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. The Official Disability Guidelines state that MRIs are recommended for uncomplicated low back pain with radiculopathy after at least one month of conservative therapy. Within the medical information made available for review, there is mention of sciatica. However, there is no documentation of unequivocal objective findings that identify specific nerve compromise on the neurologic examination. In the absence of such documentation, the currently requested MRI is noncertified