

Case Number:	CM13-0001152		
Date Assigned:	11/22/2013	Date of Injury:	05/10/2012
Decision Date:	02/14/2014	UR Denial Date:	07/02/2013
Priority:	Standard	Application Received:	07/10/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine 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 physician 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 patient is a 41 -year-old male with a date of injury of May 10, 2012. He has a diagnosis of lumbar sprain. He had a CT of the lumbar spine dated August 17, 2012 showing degenerative disc disease of L4 - 5 and L5 - S1. Patient also had an EMG dated October 15, 2012, which showed no radiculopathy. He has had medications, physical therapy, chiropractic treatments, and epidural steroid injections. Patient continues to have low back pain rated 8 of 10. Progress note dated June 19, 2013 states that the patient is requesting an MRI feeling that the CT may not be accurate. He denied any new radiation, numbness or tingling sensation, or problems with his bowel or bladder.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of lumbar spine without dye: 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..

Decision rationale: MTUS discusses MRI of the low back in a calm chapter 12 page 303. It states that in order for imaging studies to be warranted, unequivocal objective findings that

identify specific nerve compromise on the neurological examination are needed. The patient does not have these findings. In addition, the patient is not currently a surgical candidate. As there's no physiological evidence indicating tissue insult or nerve impairment, it does not appear that there is a need for an imaging test such as MRI.