MAXIMUS Federal Services

Case Number:	CM13-0013355		
Date Assigned:	09/26/2013	Date of Injury:	01/10/1979
Decision Date:	01/29/2014	UR Denial Date:	07/31/2013
Priority:	Standard	Application Received:	08/19/2013

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 Internal 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 male who reported an injury on 01/10/1979 with an unknown date of birth. The patient's symptoms include low back pain as well as left leg pain. Physical examination findings included tenderness and spasm of the lumbar spine, limited range of motion, left-sided L5 radiculopathy, positive numbness and tingling, positive straight leg raise and decreased motor strength with plantar flexion. A recommendation was made for an MRI of the lumbosacral spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Table 12-8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back-Lumbar & Thoracic, Section on MRIs (magnetic resonance imaging).

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

Decision rationale: The patient's diagnoses include lumbar strain and back pain. According to ACOEM Guidelines, 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 who would consider surgery an option. When the neurological exam is less clear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant as to selection of an imaging test to define a potential cause, usually an MRI for neural or other soft tissues and a CT scan for bony structures. The guidelines further state that relying solely on imaging studies to evaluate the source of low back and related symptoms carries significant risk of diagnostic confusion because of the possibility of identifying a finding that was present before the symptoms began. Imaging studies should be reserved for cases in which surgery is considered or red flag diagnoses are being evaluated. The patient was noted to have symptoms of low back pain and lower extremity pain. Objective findings showed a positive straight leg raise test and weakness with plantar flexion on the left side. However, there is not specific documentation for review as to whether surgery is being considered as an option for this patient and as to whether there are any red flags that need to be ruled out or if the patient has had an adequate period of conservative care prior to this request. With the absence of this documentation, the request is not supported by guidelines. Therefore, the request is non-certified.