

Case Number:	CM13-0013568		
Date Assigned:	11/06/2013	Date of Injury:	11/09/2012
Decision Date:	04/04/2014	UR Denial Date:	07/16/2013
Priority:	Standard	Application Received:	08/17/2013

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 Orthopedic Surgery and is licensed to practice in Texas, Indiana, Michigan, and Nebraska. 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 patient is a 33-year-old male who reported an injury on 11/09/2012. The mechanism of injury was not specifically stated. The patient is diagnosed with thoracic or lumbosacral neuritis or radiculitis, sciatica, lumbar disc degeneration, lumbar spinal stenosis, and lumbar disc displacement without myelopathy. The patient was seen by [REDACTED] on 08/07/2013. The patient reported a flare-up of low back and lower extremity symptoms. A physical examination was not provided. The treatment recommendations included an updated MRI of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MAGNETIC RESONANCE IMAGING (MRI) (EG, PROTON), SPINAL CANAL AND CONTENTS, LUMBAR WITHOUT CONTRAST MATERIAL: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment index, 11th Edition (web), 2013, Low Back Chapter, MRI.

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

Decision rationale: The MTUS/ACOEM Guidelines indicate that if physiologic evidence shows tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause, including MRI for neural or other soft tissue abnormality. As per the documentation submitted, the patient's physical examination was not provided on the requesting date of 08/07/2013. An MRI of the lumbar spine was also requested by [REDACTED] on 07/12/2013. However, there was no physical examination provided on that date. Without documentation of a significant musculoskeletal or neurological deficit, the request for a repeat MRI cannot be determined as medically appropriate. There is no evidence of a failure to respond to recent conservative treatment. There is also no documentation of a progression of symptoms or physical examination findings. Based on the clinical information received, the request is non-certified.