

Case Number:	CM13-0019080		
Date Assigned:	12/11/2013	Date of Injury:	04/23/2013
Decision Date:	01/24/2014	UR Denial Date:	08/23/2013
Priority:	Standard	Application Received:	09/03/2013

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, has a subspecialty in Pulmonary Disease 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 32-year-old male who sustained a work related injury on 04/23/2013. The clinical information indicates prior treatment to include physical therapy and medication management. The physical examination on 11/08/2013 revealed diffuse paraspinal muscle discomfort to palpation, decreased range of motion, positive straight leg raise on the left, and decreased sensation and decreased deep tendon reflex in the left lower extremity. The treatment plan included a recommendation for an MRI of the lumbar spine as the patient had failed to improve with conservative management to include medications and physical therapy. The most recent progress report dated 12/20/2013 revealed subjective complaints of low back pain with radiation to the left lower extremity. Objective findings documented decreased range of motion. The patient's diagnosis included left-sided sciatica. The treatment plan indicated pending authorization for physical therapy and an MRI.

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: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): s 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, MRIs (magnetic resonance imaging)

Decision rationale: The Physician Reviewer's decision rationale: CA MTUS/ACOEM 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 who would consider surgery an option". Official Disability Guidelines further state that MRIs are recommended for "uncomplicated low back pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit". The clinical information indicates the patient has been on ibuprofen and Flexeril and has participated in physical therapy, all of which provided no relief. The patient's pain rating remained consistent at 6/10 to 8/10 with and without medication. Physical examination revealed neurological findings of decreased sensation, decreased deep tendon reflex, and positive straight leg raise that elicited pain into the left buttock and down the posterior thigh of the left lower extremity. Given that the clinical information submitted for review provides documentation of evidence to support failed lower levels of conservative care, the requested service is supported. As such, the request for MRI of the lumbar spine is certified.