

Case Number:	CM13-0026734		
Date Assigned:	11/22/2013	Date of Injury:	03/23/2013
Decision Date:	04/17/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	09/19/2013

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 Anesthesiologist, Pain Medicine and is licensed to practice in Florida. 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 48-year-old male who reported an injury on 03/23/2013. The mechanism of injury was not stated. The patient is diagnosed with lumbar spine sprain, rule out discopathy. The patient was seen by [REDACTED] on 09/10/2013. Physical examination was not provided on that date. Treatment recommendations included an updated x-ray of the lumbar spine, an updated MRI of the lumbar spine, electrodiagnostic studies of the bilateral lower extremities, a back brace, and prescription medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition 2004 Page 308-310 Summary of Recommendations and Evidence Table 12-8.

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

Decision rationale: California MTUS/ACOEM Practice Guidelines state if physiologic evidence indicates tissues 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, there was no physical examination provided on the requesting date of 09/10/2013. It is unknown whether the patient has exhausted conservative treatment prior to the request for an additional MRI. The current request is for an updated MRI of the lumbar spine. However, the previous MRI was not provided for review. There were no plain films obtained prior to the request for an MRI. Based on the clinical information received, the request is non-certified.