

Case Number:	CM13-0029071		
Date Assigned:	11/01/2013	Date of Injury:	05/02/2005
Decision Date:	02/05/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/23/2013

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 Physical Medicine and Rehabilitation 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 59-year-old male who reported injury on 11/09/2007. The mechanism of injury was not provided. The patient was noted to have complaints of low back pain radiating into the right hip and down the right foot and in the mid-buttocks. The patient was noted to have tenderness in the lumbosacral musculature, with the right being greater than the left. There was noted to be some pain over the sciatic notch and a mildly positive Faber's test bilaterally. The diagnosis was noted to be myofascial pain, radiculitis. The request was made for an MRI of the low back, as the patient's symptomatology was new and greater to rule out impingement.

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: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The ACOEM Guidelines indicate an MRI is necessary if the patient has physiologic evidence of tissue insult or nerve impairment. Additionally, there is application of Official Disability Guidelines as a repeat MRI is not routinely recommended and should be

reserved for a significant change in symptoms and/or findings suggestive of a significant pathology. Clinical documentation fails to indicate if the patient had a previous MRI, as the injury was noted to be more than 6 years old. The examination dated 03/21/2013 revealed the patient had dermatomal tract pain and the straight leg raise was positive. The repeat examination on 06/21/2013 revealed the patient had tenderness in the lumbosacral musculature, with the right being greater than the left. There was noted to be some pain over the sciatic notch and a mildly positive Faber's test bilaterally. Clinical documentation submitted for review failed to provide the patient had myotomal or dermatomal findings on examination to support the necessity for an MRI. There was a lack of a thorough objective physical examination. Given the lack of documentation of myotomal and dermatomal findings, the request for an MRI, needs clarification with submission of documentation of prior studies. As such the request for an MRI of the lumbar spine is not medically necessary.