

Case Number:	CM13-0029655		
Date Assigned:	12/18/2013	Date of Injury:	07/01/2013
Decision Date:	05/07/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/27/2013

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 Family Medicine and is licensed to practice in Arizona. 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 53-year-old female with a date of injury on 7/1/13. Current diagnoses include radiculitis/neuritis: thoracic or lumbar. Subjective complaints are of low back pain with occasional lancinating pain down the left leg, also noted was urinary incontinence. Physical exam shows lumbosacral tenderness, normal motor exam, straight leg raise was negative, and some decreased sensation of the left great toe, and a cystocele was noted on pelvic exam. Medications include cyclobenzaprine and Ibuprofen. Patient had lumbar x-rays, but no report is evident in the records. There was no evidence of physical therapy or other conservative measures.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic resonance imaging (MRI) lumbar spine without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, MRI.

Decision rationale: ACOEM guidelines state that a lumbar spine MRI is recommended if there are findings that identify a specific nerve compromise when symptoms have not responded to treatment and would otherwise be considered for surgery. When neurologic exam is less clear,

physiological testing should be obtained before ordering an imaging study. ACOEM guidelines also state that lumbar MRI is recommended in the first 6 weeks of low back pain if there is progressive neurological deficit, cauda equina, or significant trauma with atypical symptoms. It can be recommended for chronic radicular pain when the symptoms are not improving, and surgery is being considered. The ODG recommends MRI if there is low back pain with radiculopathy that has not responded to at least one month of conservative therapy. For this patient, there are no red flag symptoms, or progressive neurological findings. There is also no mention of surgery being considered, and conservative therapy has not been documented. While urinary incontinence is present, this appears to not be secondary to neurologic pathology. Therefore, the medical necessity of a lumbar MRI is not established.