

Case Number:	CM13-0031868		
Date Assigned:	01/10/2014	Date of Injury:	08/19/2013
Decision Date:	03/26/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/04/2013

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 Illinois. 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 37-year-old male who reported injury on 08/19/2013. The patient was reportedly injured when a pallet fell on his lower back. The patient is diagnosed with lumbosacral sprain, muscle spasm, and right leg radiculopathy. [REDACTED] saw the patient on 09/04/2013. Physical examination revealed tenderness to palpation with paravertebral muscle spasm, restricted range of motion, positive straight leg raising, and a slightly antalgic gait. Treatment recommendations included a request for an MRI of the lumbar spine. The patient was returned to work to continue full duties without restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

magnetic resonance imaging (MRI) of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

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 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, there is no evidence of an exhaustion of conservative treatment prior to the request for an imaging study. The patient's physical examination does not reveal signs or symptoms of radiculopathy to include decreased sensation or motor weakness. There are no plain films obtained prior to the request for an MRI. Based on the clinical information received, the request is non-certified.