

Case Number:	CM13-0032729		
Date Assigned:	12/06/2013	Date of Injury:	05/07/2013
Decision Date:	01/29/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/01/2013

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 Diagnostic Radiology, and is licensed to practice in California, Florida, and Maryland. 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 31-year-old male who reported an injury on 05/07/2013. The mechanism of injury was not stated in the medical records provided. The patient's diagnoses include low back pain and lumbar spine radiculopathy. His symptoms were noted to include low back pain with radiation to his lower extremities bilaterally, left side greater than the right side, as well as numbness and tingling. There were no recent physical exam findings included in the documentation. A request was made for an MRI of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

urgent MRI for the Lumbar Spine (9/19/13 - 11/29/13): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: According to ACOEM Guidelines, unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment, and who would consider surgery an option. It further states that when the neurological exam is less clear, further physiologic

evidence of nerve dysfunction should be obtained before ordering an imaging study. If physiologic evidence indicates a tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause, usually an MRI for neural or other soft tissue issues or a CT scan for bony structures. The medical records submitted for review did not include a recent physical exam. Therefore, it is unknown whether the objective findings identify specific nerve compromise. Additionally, the most recent note stated that the patient completed a Medrol Dosepak with no relief to his symptoms, but there is no documentation of other conservative care measures, such as physical therapy or a home exercise program. With the lack of documentation regarding the patient's objective findings and previous conservative care, the request is not supported. Therefore, the request for Urgent MRI for Lumbar Spine (9/19/13 - 11/29/13) is non-certified.