

Case Number:	CM13-0035177		
Date Assigned:	12/13/2013	Date of Injury:	04/30/2010
Decision Date:	03/05/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	10/16/2013

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 Family Practice, and is licensed to practice in Texas. 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 52-year-old male who reported a work-related injury on 04/30/2010, specific mechanism of injury not stated. The patient's current treated diagnoses include lumbosacral neuritis. The clinical note dated 11/12/2013 reported that the patient was seen under the care of [REDACTED] for his lumbar spine pain complaints. The provider documented that the patient had primarily right greater than left back pain that radiated into the right side of the right thigh. The patient reported completion of a course of physical therapy and reported positive efficacy with treatment. The provider documented that the patient utilized Vicodin, Flexeril, Gabapentin, Lidoderm patches, Ibuprofen and Biofreeze. The provider documented that upon physical exam of the patient, there was tenderness to palpation in the right lumbosacral region on palpatory examination. There were no upper tract findings, and the rest of the examination was unchanged. The provider documented that an MRI of the lumbar spine, performed on 07/15/2010, was reviewed which revealed mild disc bulges at L3-4 and L5-S1; however, no evidence of spinal stenosis or nerve root compression was noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI for Lumbar Spine: 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.

Decision rationale: The current request is not supported. The clinical documentation submitted for review reports that the patient continues to present with lumbar spine pain complaints status post a work-related injury sustained in 04/2010. The provider documented that the patient has actually reported a decrease in his symptomatology status post a recent course of supervised therapeutic interventions. The most recent clinical note submitted for review did not evidence any motor, neurological or sensory deficits to support repeat imaging of the patient's lumbar spine at this point in his treatment. As the California MTUS/ACOEM indicates, when the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Given all of the above, the request for an MRI for the lumbar spine is neither medically necessary nor appropriate.