

Case Number:	CM13-0038499		
Date Assigned:	12/18/2013	Date of Injury:	06/13/2011
Decision Date:	02/20/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/25/2013

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, has a subspecialty in Pain Medicine 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:

40 yr. old male claimant sustained an injury on 6/13/11 that resulted in back pain. He was diagnosed with anteriorlisthesis L: 4-L5, coccyxgodynia, lower extremity radiculopathy, He has undergone, therapy, plasma rich injections, Electrical stimulation and analgesics. An examination report on 9/27/13 stated he had constant back pain with most activities for which Naprosyn relieved the pain. The physical examination was notable for hypoesthesia over the L4 distribution, positive Erickson's sign, Yeoman's sign, Left Sciatic findings and reduced range of motion of the spine. X-ray findings were notable for Grade 1 retrolisthesis of L3-L4, and L4-L5. A request was made for therapy 2 times a week, MRI of the lumbar spine, EMG studies, and a neurosurgical consultation.

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: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, Low Back Chapter, MRI.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

Decision rationale: According to the ACOEM guidelines, an MRI is indicated for identifying red flag findings such as tumor, infection, disk protrusion, spinal stenosis, laminectomy syndrome, post-operative evaluation, or when plain radiographs are negative. In this case, the examination and radiographs are consistent with findings on physical examination. Furthermore, a neurosurgical consultation was requested who can also determine if an MRI is necessary or needed in consideration for surgery. The request for an MRI is not medically necessary.