

Case Number:	CM13-0041617		
Date Assigned:	12/20/2013	Date of Injury:	06/12/2008
Decision Date:	03/18/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	10/11/2013

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 Pulmonary Disease 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:

The patient is a 47-year-old male who reported an injury on 06/13/2008. The mechanism of injury involved heavy lifting. The patient was seen by [REDACTED] on 08/02/2013. The patient reported moderate to severe lower back pain with radiation to the right lower extremity. Physical examination revealed mild tenderness to palpation along the lumbar spine with decreased range of motion. The patient also demonstrated decreased strength in the right extensor hallucis longus and anterior tibialis as well as decreased sensation along the insole of the right foot. X-rays obtained in the office on that date indicated a collapse at L5-S1 with multilevel disc degeneration. The patient is diagnosed with history of right L5-S1 herniated nucleus pulposus, right leg sciatica, and degenerative L5-S1 disc. Treatment recommendations included an up to date 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:

MRI of the lumbar spine in an outpatient setting: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The Physician Reviewer's decision rationale: The 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, the patient reports similar symptoms without any evidence of progression or worsening of symptoms or physical examination findings. There is no documentation of a recent failure to respond to conservative treatment including exercises and physical methods. There does not appear to be any red flag issues that would support a repeat MRI. As the medical necessity has not been established, the current request cannot be determined as medically appropriate. Therefore, the request for MRI of the lumbar spine in an outpatient setting is non-certified.