

Case Number:	CM13-0044591		
Date Assigned:	12/27/2013	Date of Injury:	09/20/2010
Decision Date:	03/05/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/30/2013

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 & Rehabilitation, 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:

The injured worker is a 50-year-old male with a date of injury of September 20, 2010. The diagnosis includes neck pain, mid back pain, and low back pain with radiation to the legs. The patient has undergone 24 sessions of physical therapy completed around October 2012. A utilization review determination had noncertified this request based upon a lack of significant neurologic deficit findings to warrant a lumbar MRI.

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: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: ACOEM Chapter 12 supports imaging of the lumbar spine for red flag diagnoses where plain film radiographs are negative or unequivocal objective findings that identify specific nerve compromise on the neurologic examination that do not respond to treatment in patients who would consider surgery. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction should be obtained before ordering an

imaging study. In the case of this injured worker, conservative treatments with physical therapy have not abated the low back pain. In a progress note on date of service October 1, 2012, the physical examination indicates decreased lumbar spine range of motion, positive straight leg raise on the left, and tenderness to palpation in the lumbosacral midline, sciatic notch, and PSIS. The straight leg raise is a neural tension sign which could indicate neural impingement from a disc herniation. This significant neurologic finding, coupled with the time course of the patient's injury, make a lumbar MRI warranted in this case. The request is recommended for certification