

Case Number:	CM13-0046831		
Date Assigned:	12/27/2013	Date of Injury:	12/10/2008
Decision Date:	02/27/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	11/01/2013

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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 55-year-old female who reported an injury on 12/10/2008. The patient is diagnosed with right knee, right ankle, and lumbar sprain and strain, as well as neurologic disorder. The patient was seen by [REDACTED] on 01/08/2013. The patient reported lower back and right lower extremity pain. The physical examination revealed positive Minor's sign with a slow and antalgic gait. Treatment recommendations included psychiatric treatment as well as physical therapy.

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: 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): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Magnetic Resonance Imaging.

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. The only documentation submitted for review was the primary treating physician's progress report dated 01/08/2013 by [REDACTED]. Therefore, the only physical examination provided for review revealed positive Minor's sign and a slow and antalgic gait. There is no documentation of tissue insult or nerve impairment. Additionally, the patient's injury was greater than 5 years ago to date, and there is no evidence of a significant change in the patient's symptoms or physical examination findings that would warrant the need for an imaging study at this time. The medical necessity for the requested service has not been established. Therefore, the request for an MRI of the lumbar spine is non-certified.