

Case Number:	CM13-0046923		
Date Assigned:	12/27/2013	Date of Injury:	01/10/2013
Decision Date:	03/11/2014	UR Denial Date:	10/05/2013
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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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 46-year-old male who reported an injury on 01/10/2013. The mechanism of injury was stated to be the patient took a step back and was unaware there was a piece of plywood with ice on it. The patient was noted to fall splitting his legs, hitting his back and knee. The patient was noted to have physical examination on 05/10/2013 and on 10/03/2013 which revealed the patient had diminished sensation in the right L5 and S1 dermatomes of the lower extremities. The patient was noted to have motor strength of 5/5 that was symmetrical throughout the bilateral lower extremities with the exception of 4/5 on the right ankle, plantar flexion, and right great toe extension. The deep tendon reflexes on both dates of examination were noted to be 2+/4 in the right patella. The patient was noted to undergo an MRI on 04/01/2013. The patient had a normal EMG/NCV on 06/10/2013 for the bilateral lower extremities. The patient's diagnoses were noted to be displacement of the lumbar intervertebral disc without myelopathy. The request was made for 1 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:

1 MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, MRI

Decision rationale: Official Disability Guidelines indicate that repeat MRIs are reserved for patients with a significant change in symptoms and/or findings suggestive of significant pathology. The patient was noted to have physical examination on 05/10/2013 and 10/03/2013 which revealed the patient had diminished sensation in the right L5 and S1 dermatomes of the lower extremities, motor strength of 5/5 that was symmetrical throughout the bilateral lower extremities with the exception of 4/5 on the right ankle, plantar flexion, and right great toe extension and deep tendon reflexes of 2+/4 in the right patella. The patient was noted to undergo an MRI on 04/01/2013. The patient had a normal EMG/NCV on 06/10/2013 for the bilateral lower extremities. The physician indicated that the patient should have a 2nd MRI to rule out intraspinal pathology, however, the clinical documentation submitted for review failed to indicate the patient had a significant change in symptoms and/or findings suggestive of significant pathology. Given the above, the request for 1 MRI of the lumbar spine is not medically necessary.