

Case Number:	CM13-0049248		
Date Assigned:	12/27/2013	Date of Injury:	12/06/2012
Decision Date:	03/20/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	11/07/2013

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 and 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 47-year-old female who reported an injury on 16/06/2012. Her diagnoses include lumbar disc injury with radiculopathy, segmental dysfunction, lumbar spine, chronic lumbosacral sprain/strain, and post traumatic myofascial pain. The patient was seen on 11/13/2013 for complaints of pain to the neck, low back, and right upper back and lower extremity, rated as 2/10 with medications and 9/10 without. The note indicated that she had x-rays and an MRI done in 2009. The exam noted that lumbosacral range of motion was restricted, straight leg raise sitting/supine was 70 degrees to the right and 90 degrees to the left. She was recommended medication, transcutaneous electric stimulator, physical therapy, and chiropractic treatments.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

One (1) MRI of the lumbar spine between 10/8/13 and 11/22/13: Upheld

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

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

Decision rationale: The MTUS/ACOEM Guidelines indicate that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient

evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. The documentation submitted did not provide evidence of neurological deficits that would warrant the need for imaging. In addition, there was no documentation of the patient's outcomes for conservative therapies. Given the above, the request is non-certified.