

Case Number:	CM13-0049929		
Date Assigned:	12/27/2013	Date of Injury:	03/04/2013
Decision Date:	03/17/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	11/08/2013

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 New York and Texas. 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 39-year-old male who reported a work-related injury on 03/04/2013, as a result of a motor vehicle accident. The patient presents for treatment of the following diagnosis: lumbar sprain. Clinical note dated 10/22/2013 reports the patient was seen in clinic under the care of [REDACTED]. The provider documents the patient continues to present with low back pain complaints rated at a 2/10 to 6/10. Upon physical exam of the patient, range of motion was noted to be decreased at 20 degrees of forward flexion and 20 degrees of extension. Positive straight leg raise was noted bilaterally. The provider documented the patient had 5/5 motor strength noted throughout, 2+ reflexes throughout the bilateral lower extremities, negative Babinski, Hoffman, and clonus signs. The provider documented the patient subjectively reported diminished bilateral L5 sensation. The provider documented a request for the patient to undergo an 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 Spinal Canal and Contents, Lumbar without contrast material: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: The current request is not supported. Chronic Pain Medical Treatment Guidelines/ACOEM indicates, "When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false positive findings, such as disc bulges that are not the source of painful symptoms and do not warrant surgery." The clinical notes failed to document the patient's exhaustion of lower levels of conservative treatment, the patient's current medication regimen, and any significant objective finding of symptomatology such as any motor or neurological deficits upon exam to warrant an MRI of the lumbar spine at this point in the patient's treatment. Given all the above, the request for MRI Spinal Canal and Contents, Lumbar without Contrast Material is not medically necessary or appropriate.