

Case Number:	CM13-0051761		
Date Assigned:	12/27/2013	Date of Injury:	07/31/2013
Decision Date:	02/24/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	10/29/2013

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 34-year-old female who reported a work related injury on 07/31/2013, specific mechanism of injury not stated. The clinical note dated 12/12/2013 reports the patient presents for treatment of the following diagnoses: lumbar spine sprain/strain, unstable spondylolisthesis at L5-S1 with bilateral spondylosis, rule out herniated lumbar disc L5-S1, and L4-5 radiculitis/radiculopathy right greater than left. The provider documents the patient presents with complaints of continued pain to the lumbar spine radiating to the leg, which is increasing. The provider reported, upon physical exam of the patient's lumbar spine, pain upon extension with straight leg raising remains positive. There was discomfort to palpation along the distal lumbar segments. The provider recommended the patient undergo steroid therapeutic pain management at the levels of L4-5 and L5-S1, as well as preoperative labs, electrodiagnostic studies, continued TENS use, orthopedic mattress, and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar MRI: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The current request is not supported. The clinical documentation submitted for review fails to evidence the patient presents with any significant red flag findings as evidenced by any deficits in motor, neurological, or sensory exam of the patient. The most recent clinical note submitted for this review was dated from December, which revealed no deficits to substantiate MRI of the lumbar spine at this point in the treatment. Furthermore, it is unclear when the patient last underwent imaging of the lumbar spine since status post her work. California MTUS/ACOEM indicates, when the neurological examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. As such, the request for Lumbar MRI is not medically necessary or appropriate.