

Case Number:	CM13-0051962		
Date Assigned:	12/27/2013	Date of Injury:	06/04/2012
Decision Date:	03/10/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	11/15/2013

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 Occupational Medicine, and is licensed to practice in California. 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 applicant is a represented [REDACTED] employee, who has filed a claim for chronic low back pain reportedly associated with an industrial injury of June 4, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; and unspecified amounts of chiropractic manipulative therapy. In a Utilization Review Report of October 11, 2013, the claims administrator denied a request for lumbar MRI imaging. The applicant's attorney subsequently appealed. In a progress note of December 5, 2013, the applicant presents with low back pain radiating to the right foot. The applicant does seemingly retain 5/5 upper and lower extremity strength. The applicant was placed off of work, on total temporary disability. Manipulative therapy, medications, an interferential unit, x-rays and MRI imaging were sought while the applicant was placed off of work, on total temporary disability.

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 (ODG) Official Disability Guidelines, Lumbar Spine-MRI.

MAXIMUS guideline: Decision based on MTUS ACOEM.

Decision rationale: As noted in the MTUS-adopted ACOEM guidelines in Chapter 12, unequivocal evidence of neurologic compromise is sufficient evidence to warrant imaging studies in those applicants who did not respond to conservative treatment and who would consider surgical remedy were it offered to them. In this case, however, there is no clear-cut evidence of neurologic compromise. There is no evidence of lower extremity weakness, hyposensorium, altered reflexes, etc. It is further noted that the applicant is now intent on pursuing numerous other treatments, including manipulative therapy, physical therapy, etc. Thus, it does not appear that the applicant is intent on pursuing any kind of surgical remedy here. Therefore, the request for MRI imaging is not indicated and not certified, on Independent Medical Review