

Case Number:	CM13-0053715		
Date Assigned:	12/30/2013	Date of Injury:	01/22/2002
Decision Date:	03/18/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/18/2013

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 & 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 65 year old male who reported an injury on 01/22/2002. He has history of shoulder pain, peripheral neuropathy, deep vein thrombosis, and colon cancer. He was seen on 11/12/2013 for progressively worsening numbness in the left leg. The note reported the patient had decreased sensation at the left S1, L5, and L4 with a positive left side straight leg raise. The note also indicated the patient had a previous MRI and nerve test but his condition has worsened since those procedures were performed. He has been recommended an MRI with/without contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI lumbar with and without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG Online Edition, Chapter: Low Back.

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

Decision rationale: American College of Occupational and Environmental Medicine states 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 for review did provide evidence of neurological deficits. However, the prior MRI was not submitted for review. Therefore, it is unclear if the patient's current findings are inconsistent with prior identified pathology to warrant a repeat MRI at this time. As such, the request is non-certified.