

Case Number:	CM13-0054528		
Date Assigned:	12/30/2013	Date of Injury:	08/22/2007
Decision Date:	03/18/2014	UR Denial Date:	11/17/2013
Priority:	Standard	Application Received:	11/19/2013

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 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 patient is a 37-year-old male who reported an injury on 8/22/07, secondary to repetitive heavy lifting. The patient is currently diagnosed with lumbar spine musculoligamentous sprain and strain with right lower extremity radiculitis, history of herniated nucleus pulposus, and emotional complaints of depression and stress. The patient was seen by [REDACTED] on 11/22/13. The patient reported pain in the lower back, as well as the right hamstring and calf. Physical examination was not provided.

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

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

Decision rationale: The California MTUS/ACOEM practice guidelines state that if physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause, including MRI for neural or other soft tissue abnormalities. There was no physical examination provided on the requesting

date of 11/22/13. The patient has undergone neurological testing on 9/19/13. The patient also underwent an MRI of the lumbar spine on 10/13/12. The medical necessity for a repeat imaging study at this time has not been established. There is no evidence of a significant change or progression of symptoms or physical examination findings. There is also no evidence of a recent failure to respond to conservative treatment. Based on the clinical information received, the request is non-certified.