

Case Number:	CM13-0055243		
Date Assigned:	12/30/2013	Date of Injury:	09/30/2012
Decision Date:	08/08/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/20/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Neurological Surgery 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 expert 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 records, presented for review, indicate that this 27-year-old male was reportedly injured on September 30, 2012. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated October 10, 2013, indicated that there were ongoing complaints of low back pain with numbness in the right foot. Current medications include Norco, Flexeril, and Lodine. The physical examination demonstrated muscular guarding and ambulation with the use of a cane. There was decreased lumbar spine range of motion. No tenderness and spasms were noted. There was a negative straight leg test and a normal lower extremity neurological examination. A request was made for an MRI of the lumbar spine and was not certified in the pre-authorization process on November 1, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE LUMBER SPINE: 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.

Decision rationale: According to the progress note dated October 10, 2013, the injured employee has subjective complaints of radiculopathy in the right lower extremity; however, there

was a normal neurological examination of the lower extremities. Without any objective findings of a neuropathy or any other red flags, this request for an MRI of the Lumbar Spine is not medically necessary.