

Case Number:	CM13-0058087		
Date Assigned:	12/30/2013	Date of Injury:	06/10/2012
Decision Date:	03/21/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	11/26/2013

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, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of 6/10/12. A utilization review determination dated 11/14/13 recommends non-certification of a lumbar MRI. A 9/27/13 progress report identifies right lower extremity (RLE) pain and hypersensitivity as well as low back pain (LBP). Exam findings are noted to be unchanged (findings from 7/19/13 include positive SLR and hypersensitivity throughout RLE to light touch, as well as what appears to be temperature changes). Diagnoses include RLE CRPS and LBP with RLE sciatica. Treatment plan includes referral to pain management for CRPS, MRI lumbar spine, and EMG/NCS RLE.

IMR ISSUES, DECISIONS AND RATIONALES

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

An 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 Official Disability Guidelines (ODG), Low back Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: CA MTUS states that 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 would consider surgery an option. When the neurologic examination is less clear; however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Within the documentation available for review, there is no clear documentation of symptoms/findings suggestive of radiculopathy. It is noted that the provider suspects CRPS and has recommended referral of the patient to pain management and an EMG/NCS in addition to the lumbar MRI. Given the presence of findings suggestive of CRPS and no sensory or motor findings suggestive of radiculopathy, the use of lumbar MRI appears premature prior to a workup to rule in/out CRPS or a peripheral neuropathy. In light of the above issues, the currently requested MRI without contrast material is not medically necessary.