

Case Number:	CM13-0058439		
Date Assigned:	12/30/2013	Date of Injury:	07/12/2013
Decision Date:	04/30/2014	UR Denial Date:	07/25/2013
Priority:	Standard	Application Received:	11/27/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Internal Spine 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:

This patient is a 36-year-old female with date of injury of 07/12/2013. Per report 07/31/2013, assessments were back pain and disability out of proportion to exam. The patient was to continue physical therapy and gabapentin and cyclobenzaprine. The patient was educated on pain potentiating with opiates. "Family is waiting an MRI and was informed that it had been denied and we could not re-request until they were done with the physical therapy". The patient did not appear to want to work. Examination showed normal findings for the spine. Neurologic examination was intact as well.

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 Page(s): 303..

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 303..

Decision rationale: This patient presents with low back pain after a fall injury. There is a request for MRI of the lumbar spine. Despite the review, the treater's reports from 07/13/2014, 07/14/2013, 07/15/2013, 07/17/2013, 07/24/2013, 07/31/2013, none of the reports described any significant radicular symptoms. None of the reports show any evidence of red flags. All of the examination findings are unremarkable in terms of neurologic findings in the lumbar spine.

ACOEM Guidelines do not recommend MRI of the lumbar spine in the absence of "unequivocal objective findings that identify specific nerve compromise on neurologic examination." In this patient, no such evidence is present. The patient has not completed a course of conservative care. The patient is still in the acute phase of the injury. There is no reason and no support from the guidelines to obtain an MRI of the lumbar spine. When reading ODG Guidelines, it also does not recommend MRIs in uncomplicated low back pain with radiculopathy after at least 1 month of conservative care. Progressive neurologic deficit is required or prior surgery or cauda equina syndrome. Recommendation is for denial.