

Case Number:	CM13-0059302		
Date Assigned:	12/30/2013	Date of Injury:	07/18/2013
Decision Date:	04/07/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/02/2013

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 Family Practice and is licensed to practice in 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 40-year-old male who reported an injury on 07/18/2013. The mechanism of injury involved heavy lifting. The patient is currently diagnosed with thoracic spine strain, right lower extremity lumbar strain, and polyuria. The patient was seen by [REDACTED] on 10/18/2013. The patient reported persistent lower back pain with radiation to the right lower extremity. Physical examination revealed moderate to severe tenderness to palpation with spasm, slightly decreased range of motion, decreased motor strength, and decreased reflexes. Treatment recommendations included prescription medication, an EMG/NCV of bilateral lower extremities, and a MRI of the lumbar and thoracic spine.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Treatment in Workers Comp 2nd Edition - Disability Duration Guidelines (Official Disability Guidelines 9th Edition/Work Loss Data Institute).

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

Decision rationale: California Medical Treatment Utilization Schedule (MTUS)/American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines state 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 abnormality. As per the documentation submitted, the patient does present with signs and symptoms suggestive of radiculopathy. However, there is no evidence of an exhaustion of conservative treatment. There were also no plain films obtained prior to the request for an imaging study. Based on the clinical information received, the request is non-certified.