

Case Number:	CM13-0059454		
Date Assigned:	12/30/2013	Date of Injury:	06/25/2011
Decision Date:	05/28/2014	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 an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Neuromusculoskeletal and is licensed to practice in Arizona. 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 sustained an injury when she stepped on a garbage bag while carrying a tray of sandwiches in which she twisted and fell on 6/25/11. The following day she had both neck and back pain and expressed that she 'blacked or passed out'. She underwent a physician's initial consultation report for Advanced Pain Solutions, dated 11/8/13: "Lumbar spine has overall limited range of motion by 60 to 75 percent with moderate spasm and tenderness along the bilateral lumbar." The neurological exam documented during the same visit that the straight leg raise was mildly positive at the bilateral L5 and S1 for radicular symptomatology (sharp, shooting, throbbing pain, burning sensation, numbness and or tingling), facet distraction/loading maneuvers are positive moderately at the bilateral L4-5 and bilateral L5-S1 for axial lumbar spine. Documented on the status medical management dated 11/18/2013, is a lumbar CT scan dated for December, 2011; however, I was not able to find such imaging study in the medical documentation provided for this Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

THE REQUEST FOR 1 REPEAT MRI OF THE LUMBAR SPINE: Overturned

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: MRI.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Special Studies and Diagnostic and Treatment Considerations, page 303 and ACR Appropriateness Criteria for the Lumbar Spine

Decision rationale: Based upon the ACR appropriateness criteria, coupled with the patient's neurological symptomatology as documented on the physician's initial consultation report, I find that the request for lumbar MRI is medically necessary and appropriate to determine possible nerve root impingement or irritation.