

Case Number:	CM13-0061199		
Date Assigned:	12/30/2013	Date of Injury:	11/10/2013
Decision Date:	04/04/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/04/2013

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 Orthopedic Surgeon, 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 59-year-old female who sustained an injury on 11/10/2013 while lifting and twisting at work. The patient was evaluated on 11/18/2013 for complaints of low back pain. The patient described her pain as shooting down the right foot. The patient additionally complained of back and buttock numbness. The physical examination findings noted tenderness to palpation in the paraspinals at the L3 through S1 levels on the right greater than left. The neurological examination findings were noted as reflexes normal, strength normal, and sensation was normal. The patient had a positive straight leg raise on the right. The diagnoses were noted as sprain/strain of the lumbar region and lumbar radiculopathy. Treatment plan noted lorazepam 0.5 mg and hydrocodone/acetaminophen 7.5/325 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI without dye for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The request for MRI without dye for the lumbar spine is non-certified. The documentation submitted for review indicated the patient suffered with low back pain that

radiated down her right side. ACOEM recommends the use of MRIs when there are unequivocal objective findings that identify specific nerve compromise on neurological examination in patients who do not respond to treatment and who would consider surgery an option. The documentation submitted for review did not indicate the patient had participated in conservative care. The documentation submitted for review furthermore, did not indicate surgical intervention was being considered. In addition, the patient's neurological examination was noted as normal. Therefore, imaging studies are not supported. Given the information submitted for review, the request for MRI without dye for the lumbar spine is non-certified.