

Case Number:	CM13-0065010		
Date Assigned:	01/03/2014	Date of Injury:	10/30/2013
Decision Date:	04/09/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/12/2013

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 Radiology 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 49-year-old male who reported an injury on 10/30/2013, after he lifted a heavy object and reportedly sustaining an injury to his low back. The patient initially reported severe pain rated at a 10/10 that was treated on an emergent basis with medications. The patient's most recent clinical evaluation submitted for review documented that the patient had severe left-sided back pain with decreased range of motion, tenderness to palpation, and spasming of the lumbar spine with normal strength and no sensory deficits. The patient's diagnoses included muscle spasm of the back and a muscle strain of the back. A request was made for an MRI of the lumbar spine without dye.

IMR ISSUES, DECISIONS AND RATIONALES

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

REQUEST FOR MRI OF LUMBAR SPINE WITHOUT DYE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The requested MRI of the lumbar spine is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends

imaging studies for patients who have neurological deficits upon evaluation that have failed to respond to conservative treatment. The clinical documentation submitted for review does not provide any evidence that the patient has participated in any active therapy in an attempt to resolve the patient's pain. Additionally, there is no documentation of neurological deficits to support the need for an imaging study. As such, the requested MRI of the lumbar spine without dye is not medically necessary or appropriate.