

Case Number:	CM13-0065339		
Date Assigned:	01/03/2014	Date of Injury:	01/28/2013
Decision Date:	04/11/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/13/2013

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 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 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:

The patient is a 47-year-old male who reported injury on January 28, 2013. The mechanism of injury was noted to be the patient was packing flowers when he was instructed to go to the warehouse and grab more boxes and, while trying to turn the corner, his coworker, who was operating a tow car device, did not properly put the shift in gear and it struck the patient's right arm. Upon impact, the patient twisted at the waist and felt his lumbar spine pop. The physical examination revealed the patient had a mildly positive stoop test and had paraspinal tenderness to percussion throughout the spine, starting about mid thoracic and down through the lumbar spine. In forward flexion, the patient had decreased range of motion. The patient had a positive right sciatic nerve test. The patient's diagnoses were noted to include lumbar spine sprain/strain and radiculopathy clinically. The treatment plan was noted to include an MRI of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

AN MRI OF THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

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

Decision rationale: ACOEM Guidelines indicate that, when there are unequivocal objective findings that identify specific nerve compromise on a neurologic exam, this is sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. The clinical documentation submitted for review failed to provide an objective examination including myotomal and dermatomal findings to support the patient had specific nerve compromise. Additionally, there was a lack of documentation indicating the patient had not responded to treatment and the patient would consider surgery an option. Given the above, the request for one (1) MRI of the lumbar spine is not medically necessary.