

Case Number:	CM13-0069519		
Date Assigned:	01/03/2014	Date of Injury:	01/11/2010
Decision Date:	05/28/2014	UR Denial Date:	12/14/2013
Priority:	Standard	Application Received:	12/23/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in California. 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 injured worker is a 53 year old male who reported an injury on 01/11/2010; the mechanism of injury was a fall. The clinical note dated 01/24/2013 indicated the injured worker complained of low back and leg pain. The injured worker had a diagnosis of AP lateral lumbar spine mild degenerative changes with no sign of instability. The comprehensive evaluation dated 05/15/2013 noted the injured worker complained of low back pain rated 7/10, intermittent right lower extremity pain rated 8/10, right leg numbness below the knee and left thigh numbness. The injured worker was sent to a massage therapist following the reported injury with no benefit. The injured worker underwent imaging studies including x-rays and MRI studies of an unknown date which were not provided. The injured worker had a positive straight leg raise at less than 45 degrees on the right and 60 degrees on the left. The provider recommended an MRI of the lumbar spine. A request for authorization for the request was not submitted.

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: 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): 300-305.

Decision rationale: The request for an MRI of the lumbar spine is non-certified. The injured worker complained of low back pain along with leg pain, documentation of numbness to left thigh with a positive straight leg raise at less than 45 degrees on the right and 60 degrees on the left. ACOEM recommends imaging studies of the lumbar spine when the unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. Documentation must include radicular pain. There is a lack of significant findings of radiculopathy upon physical examination. There was a lack of findings of neurologic deficit upon physical examination. The clinical information submitted does not meet the guideline recommendations. Therefore the request for an MRI of the lumbar spine is non-certified.