

Case Number:	CM14-0002272		
Date Assigned:	04/04/2014	Date of Injury:	01/09/2013
Decision Date:	05/08/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	01/07/2014

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 Internal Medicine & Emergency Medicine and is licensed to practice in Florida. 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 is a 44 year-old with a date of injury of 01/09/13. A progress report associated with the request for services, dated 11/20/13, identified subjective complaints of low back pain into the left leg. Objective findings included tenderness to palpation of the lumbar spine, a positive straight leg-raising, and decreased sensation in the L5 and S1 dermatome. The Achilles reflex was absent. Motor function was not examined. Electrodiagnostic testing and an MRI had been performed previously. Diagnoses included lumbar disc disease and sciatica. Treatment has included opioids and NSAIDs. A 3D MRI of the lumbar spine was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

3D MRI OF THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-309.

Decision rationale: The Medical Treatment Utilization Schedule ACOEM Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to

treatment and who would consider surgery. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminate imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. They further note that MRI is recommended when cauda equina, tumor, infection, or fracture is strongly suspected and plain radiographs are negative. Though the claimant in this case has signs of nerve dysfunction on physical examination, the record does not document evidence of cauda equina syndrome, tumor, infection, or fracture; or a change in the physical findings from previous exams. Likewise, a previous MRI had been performed, and there was no mention of possible surgery. Therefore, the medical record does not document the medical necessity for an MRI of the lumbar spine.