

Case Number:	CM14-0005653		
Date Assigned:	02/07/2014	Date of Injury:	10/24/2012
Decision Date:	06/20/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	01/13/2014

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 Physical Medicine & 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 patient is a 39-year-old male with date of injury of 10/24/2012. The listed diagnoses per [REDACTED] dated 12/06/2013 are: Lumbar spine sprain/strain with radiation with lower extremity pain, right greater than the left; Cervical spine sprain and strain with bilateral upper extremity radiculopathy; Bilateral plantar fasciitis. According to the handwritten report, the patient complains of frequent low back pain, right greater than the left, with lower extremity pain, right greater than the left. The patient states that pain increases with bending and carrying items. The objective finding shows there is tenderness in the paravertebral muscles. There is positive straight leg raise and bilateral sciatica. The utilization review denied the request on 12/24/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR SPINE MRI QTY:1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, OCCUPATIONAL MEDICINE PRACTICE GUIDELINES; EVALUATION AND MANAGEMENT OF COMMON HEALTH PROBLEMS AND FUNCTIONAL RECOVERY IN WORKERS, 2ND EDITION, 2004, CHAPTER 12, LOW BACK COMPLAINTS, 303

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: This patient presents with chronic low back pain. The treater is requesting an MRI of the lumbar spine. The ACOEM Guidelines page 303 on MRI for the lumbar spine states, "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 treatments and who would consider surgery an option. When their neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." In addition, ODG states that repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g. tumor, infection, fracture, neurocompression, recurrent disk herniation). The patient already had an MRI on 05/28/2013 of the lumbar spine that showed a 1 to 2 mm posterior disk bulge without evidence of canal stenosis or neuroforaminal narrowing at L4-L5 and L5-S1. No additional pathology was revealed. The review of reports from 06/20/2013 to 12/26/2013 do not document any new injuries or red flags. The treater does not explain his rationale for requesting another MRI. The request is not medically necessary and appropriate.