

Case Number:	CM14-0139607		
Date Assigned:	09/05/2014	Date of Injury:	11/20/2006
Decision Date:	10/22/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/28/2014

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 and Rehabilitation, 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:

Medical records reflect the claimant is a 44-year-old male who sustained a work injury on 11-20-06. The claimant had a prior MRI in 2009 that showed herniations at L4-L5 and L5-S1. Office visit on 7-19-14 notes the claimant has low back pain with radiculopathy at left lower extremity. On exam, the claimant has decreased range of motion, positive SLR to the left, decreased sensation along the left L5 and S1 dermatomal distribution.

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): 287, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back

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

Decision rationale: ACOEM MRI is moderately recommended for patients with subacute or chronic radicular pain syndromes lasting at least 4 to 6 weeks in whom the symptoms are not trending towards improvement if both the patient and surgeon are considering prompt surgical

treatment, assuming the MRI confirms ongoing nerve root compression. There is an absence in documentation noting that this claimant has progressive neurological deficits. His physical exam on 2-12-14 is similar to the 7-10-14 physical exam. There is an absence in documentation noting progressive neurologic deterioration. Therefore, the medical necessity of this request is not established.