

Case Number:	CM14-0048684		
Date Assigned:	06/25/2014	Date of Injury:	01/22/2014
Decision Date:	08/12/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/27/2014

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 Occupational Medicine 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 52-year-old male injured on 1/22/14 while lifting causing left groin and low back pain. He is diagnosed with lumbar strain and possible lumbar radiculopathy. The patient is noted to have radiating pain and paresthesias of the left lower extremity and decreased left extensor hallucis longus and gastroc strength on examination. XR's revealed moderate DJD (Degenerative Joint Disease) of the left hip and lumbar spine. Physical therapy has not improved symptoms.

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 without contrast.: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic, MRIs.

Decision rationale: According to CA MTUS/ACOEM guidelines and ODG, lumbar MRI may be recommended for uncomplicated low back pain with radiculopathy after one month of failed conservative care if serious pathology is suspected. There should be unequivocal evidence of

nerve root compromise. However, in this case the distribution of the patient's left lower extremity radiating pain, numbness, and tingling is not provided. Left EHL (Extensor Hallucis Longus) and gastroc strength are noted to be 4/5 on the left versus 5/5 on the right, though there are no documented sensory deficits or other findings suggestive of radiculopathy. Radiculopathy in a dermatomal/myotomal distribution is not clearly evident by history or examination. In such cases, electromyography is a more appropriate next step as opposed to imaging. Therefore, the request of MRI of the lumbar spine without contrast is not medically necessary and appropriate