

Case Number:	CM14-0053994		
Date Assigned:	07/07/2014	Date of Injury:	01/22/2003
Decision Date:	08/29/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/21/2014

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 Neurology, has a subspecialty in Pain 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:

The patient is a male with a date of injury of 1/22/2003 which resulted in back pain. Treatment has included oral medications, chiropractic treatment, physical therapy and home exercise program. The 2/13/14 note indicates low back pain and right lower extremity pain. Examination notes knee flexor's at 4/5 on right and 5/5 on left. Knee extensor's are 4/5 on right and 5/5 on left. There is sensory hyperesthesia over the lateral calf on the right side.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI lumbar spine: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC AMA guidelines, 5th edition p 382-383.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back, MRI.

Decision rationale: The medical records provided for review indicate the presence of neurologic deficit that is severe with strength deficit and sensory deficit that is persistent despite conservative care to date. ODG guidelines support MRI of lumbar spine in case of -

Uncomplicated low back pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit. Therefore this request is medically necessary.