

Case Number:	CM14-0081115		
Date Assigned:	11/07/2014	Date of Injury:	01/21/2011
Decision Date:	12/18/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	06/02/2014

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 Diagnostic Radiology 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 47 year old male who sustained a work-related injury to his back on 1/21/11. The patient complains of back pain radiating into his right lower extremity. The patient had spinal surgery on 6/19/12 with postoperative physical therapy, but felt no relief. The patient had spinal fusion surgery on 6/24/13, but the back pain persisted. An electrodiagnostic evaluation was performed on 8/7/14 showing a right L5 and S1 radiculopathy with normal EMG.

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. Decision based on Non-MTUS Citation Official Disability Guidelines(ODG), Low Back(updated 3/31/14)-MRIs(Magnetic Resonance Imaging).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: The patient suffered a work-related injury to his lower back with subsequent surgeries and conservative treatment without complete relief of his symptoms. The patient has no complaints of neurologic symptoms. According to the ACOEM Guidelines, "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 an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." Considering the patient's lack of complaints or physical exam findings suggestive of neurologic dysfunction, a normal EMG, and the above guidelines, the request for MRI of the Lumbar Spine is not medically necessary.