

Case Number:	CM13-0003218		
Date Assigned:	12/11/2013	Date of Injury:	04/05/2008
Decision Date:	01/24/2014	UR Denial Date:	07/08/2013
Priority:	Standard	Application Received:	07/25/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in orthopedic surgery 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 physician 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:

A recent clinical record for review dated 10/03/13 with treating physician, [REDACTED] stated the claimant was for follow up of her low back pain, which was "flaring up". She described continued low back pain with right lower extremity symptoms. At present, she was noted to be status post a 02/13/13 L4-5 hemilaminectomy and discectomy. Objective findings at that date stated "she seems comfortable" with no documentation of other findings noted. Review of [REDACTED] prior assessments of 09/24, 08/30, 08/19, and 07/15 also fail to give any other findings other than the fact that she "seems comfortable". He gave her a diagnosis at last assessment of chronic low back pain with right L5 and S1 radicular pains status post back surgery and recommended continuation of medications and an MRI scan for further assessment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Imaging (MRI): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): s 287, 303.

Decision rationale: The Physician Reviewer's decision rationale: Based on California MTUS/ACOEM Guidelines, a lumbar MRI in this case would not be indicated. While the treating physician notes continued complaints of pain in the postoperative setting, his physical examinations dating back to July of 2013 are silent for any documentation of radicular findings. California MTUS/ACOEM Guidelines in regard to MR imaging clearly indicates that unequivocal objective findings that identify specific nerve compromise on neurologic examination or sufficient evidence to warrant testing. In this case, the lack of documentation of these clinical findings would fail to necessitate the current MRI request at this time.