

Case Number:	CM13-0005879		
Date Assigned:	03/21/2014	Date of Injury:	07/28/2010
Decision Date:	04/30/2014	UR Denial Date:	07/12/2013
Priority:	Standard	Application Received:	08/01/2013

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, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of 7/28/10. A utilization review determination dated 7/12/13 recommends non-certification of a lumbar MRI. 5/1/13 medical report identifies low back pain s/p L4-5 fusion with some regression of symptoms and difficulty sustaining an erection. On exam, there is spasm, painful ROM, and limited ROM. Motor is intact. There is tenderness over the hardware. X-rays from 5/1/13 are said to reveal a solid fusion. 4/11/13 medical report identifies low back pain with increased muscle spasms. On exam, ROM is painful and limited, spasms are present, Lasegue sign is positive bilaterally, SLR is positive bilaterally at 60 degrees.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO MRI LUMBAR WITH GADOLINIUM: 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): 303-304.

Decision rationale: MTUS and ACOEM state that 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 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. Within the documentation available for review, there is no documentation of objective findings suggestive of specific nerve compromise. In the absence of such documentation, the currently requested retrospective request MRI lumbar with gadolinium is not medically necessary.