

Case Number:	CM13-0005986		
Date Assigned:	08/23/2013	Date of Injury:	08/23/2003
Decision Date:	02/07/2014	UR Denial Date:	07/05/2013
Priority:	Standard	Application Received:	08/01/2013

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 Family Practice and is licensed to practice in Texas. 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:

The patient is a 55-year-old male who reported an injury on 08/23/2003. The patient is diagnosed as status post posterolateral interbody fusion at L4-5 and L5-S1 times 3 and status post right total knee replacement. The patient was seen by [REDACTED] on 06/24/2013. Physical examination revealed tenderness to palpation in the lumbar spine, positive straight leg raising on the left, muscle spasm, decreased range of motion, and decreased range of motion of the right knee. Treatment recommendations included a lumbar spine MRI and electrodiagnostic studies, and continuation of current medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

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 Chapter, Magnetic Resonance Imaging

Decision rationale: California MTUS/ACOEM Practice Guidelines state if physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the

selection of an imaging test to define a potential cause, including MRI for neural or other soft tissue abnormality. As per the clinical notes submitted, there is no evidence of a recent failure to respond to conservative treatment prior to the request for an imaging study. There is no significant change in the patient's symptoms or physical examination findings that would warrant the need for an imaging study. The medical necessity has not been established. Therefore, the request is non-certified.