

Case Number:	CM13-0009099		
Date Assigned:	12/18/2013	Date of Injury:	09/13/1995
Decision Date:	02/15/2014	UR Denial Date:	07/07/2013
Priority:	Standard	Application Received:	08/08/2013

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 Physical Medicine & Rehabilitation, 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:

The patient is a 48-year-old male who reported an injury on 09/13/1995. The mechanism of injury was not provided in the medical records. His diagnoses were noted to include back pain, lumbosacral spondylosis without myelopathy, lumbar disc disease, spinal stenosis without neurogenic claudication, and sciatica. His physical exam findings in his most recent office note included in the medical records, which was dated 12/12/2012, included decreased range of motion of the lumbar spine, decreased motor strength in the right lower extremity, decreased sensation on the right in the L4 and L5 dermatomes, and normal deep tendon reflexes.

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 Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: According to the ACOEM Guidelines, unequivocal objective findings which identify specific neurological deficits are sufficient enough evidence to warrant imaging studies in patients who do not respond to conservative treatment and who would consider surgery an

option. The patient was noted to have neurological deficits in his right lower extremity at his 12/12/2012 office visit. There were no recent office notes included for review. In the absence of recent objective findings, the request for an MRI of the lumbar spine is not supported. Additionally, it is unknown whether the patient has participated in any recent conservative treatments. For these reasons, the request for an MRI of the lumbar spine is not medically necessary and appropriate.