

Case Number:	CM13-0015099		
Date Assigned:	10/08/2013	Date of Injury:	02/15/2012
Decision Date:	01/16/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	08/22/2013

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 and Rehabilitation, and is licensed to practice in Oklahoma, Texas, and 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 51-year-old male who sustained a work related injury on 2/15/12 when the 1200-pound scrubbing machine he was pushing up a paved ramp lost power. To date, the patient has been treated with topical agents, left shoulder arthroscopy, and restricted work duty. The most recent evaluation dated 6/26/13 reports of constant low back pain without radicular pain, numbness, or tingling. Objective findings revealed a guarded standing posture, tenderness and spasm in the paralumbar musculature, and decreased range of motion of the lumbar spine. Straight leg raise and Braggard's test were negative bilaterally, motor function was within normal limits, and reflexes were equal bilaterally.

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: The ACOEM Guidelines recommend imaging studies when there are unequivocal objective findings that identify specific nerve compromise on the neurological

examination, and for patients who do not respond to conservative treatments and would consider surgery an option. Moreover, when the neurological examination is less clear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. The clinical information submitted for review lacks evidence of neurological compromise on examination, or radicular pain complaints to suggest a herniated disk. As such, the request for MRI of the lumbar spine is non-certified.