

Case Number:	CM13-0017155		
Date Assigned:	12/11/2013	Date of Injury:	03/11/2013
Decision Date:	01/24/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	08/27/2013

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 56-year-old male who reported an injury on 03/11/2013. The mechanism of injury reported was an incident in which, while the patient was exiting his patrol car, his back and hip seized up causing the patient to fall. The patient complained of pain to his low back and right hamstring. The patient described the pain as mild, constant and unchanged. The clinical documentation submitted dated 03/13/2013 stated the patient was diagnosed with lumbar sprain, strain of lumbar paraspinal muscle, muscle spasm and back pain. The patient had a negative Straight Leg Raising test. Lumbosacral findings included normal sensation, normal reflexes, no pain, strength and tone 5/5, range of motion flexion 90 degrees, right rotation 45 degrees and left rotation 45 degrees. Clinical documentation submitted dated 11/03/2013 stated the patient was diagnosed with chronic low back pain and intermittent right radicular low back pain. Physical examination reveals no complaints of pain, no lumbar spasms, unguarded movements and a normal gait and posture. There was no tenderness upon palpation of the spine.

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): 304.

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

Decision rationale: CA MTUS/ACOEM guidelines state that unequivocal, objective findings that identify specific nerve compromise upon neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who 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. The clinical documentation submitted for review does not meet the recommended guidelines. Although intermittent radiculopathy is mentioned in the clinical documentation dated 11/03/2013, no objective data was submitted that showed the patient had any neurological symptoms or a clear indication of radiculopathy. Therefore, the submitted request is non-certified