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| Case Number: | CM13-0018966 | | |
| Date Assigned: | 10/11/2013 | Date of Injury: | 11/03/2004 |
| Decision Date: | 01/06/2014 | UR Denial Date: | 08/21/2013 |
| Priority: | Standard | Application Received: | 09/04/2013 |

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 Orthopedic Surgery 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.

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 claimant is a 52-year-old gentleman who injured his low back in a work related accident on November 3, 2004. The most recent clinical assessment of August 6, 2013 was documented by [REDACTED]. The claimant at that time was evaluated for complaints of low back pain and pain medication followup. He reported that he had low back pain radiating into the bilateral lower extremities. It was noted that VAS pain scale scores diminished with use of medications. Objectively there was noted to be tenderness over the lumbar spine at the L4 through the S1 level, myofascial tenderness with palpation, and motor and sensory examination demonstrated "no change". The claimant was diagnosed with lumbar radiculitis and chronic pain syndrome and was noted to be status post a prior lumbar fusion. Recommendations at that time were for continuation of medication management. A lumbar MRI was also recommended for further assessment.

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, 53.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287.

Decision rationale: Based on California ACOEM Guidelines, MRI scans are indicated for unequivocal evidence of objective findings that identify specific nerve compromise on neurologic examination. The Final Determination Letter for IMR Case Number [REDACTED] 3 clinical records in this case indicate chronic complaints of low back pain for which recent assessment indicated that the claimant's motor and sensory examination demonstrated "no change". The claimant was doing satisfactorily with use of medications diminishing his VAS pain scale scores. In absence of acute findings on examination or acute change in symptoms, the requested MRI scan of the lumbar spine at this chronic stage of care would not be indicated. The request for an MRI of the lumbar spine is not medically necessary and appropriate.