

Case Number:	CM13-0021298		
Date Assigned:	11/08/2013	Date of Injury:	05/04/2012
Decision Date:	04/17/2014	UR Denial Date:	08/09/2013
Priority:	Standard	Application Received:	09/07/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 expert 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 expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records: The patient is a 45-year-old male who reported an injury on 05/24/2012. The mechanism of injury was noted to be bending over an air conditioning unit, working for about 2 hours. The patient was diagnosed with lumbosacral spondylosis and lumbago. The patient's symptoms included muscle tightness around the joints of the lower back. The patient's lumbar range of motion was good, but extension bothered him more than flexion.

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): 701.

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 that identify specific nerve compromise on the 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. Indiscriminant imaging will result in false positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. The most recent clinical note provided indicated the patient's examination was consistent with L5 nerve impingement, potentially a disc protrusion. However, the documentation submitted did not indicate the patient would consider surgery an option. Given the above, the request for an MRI of the lumbar spine is not medically necessary and appropriate.