

Case Number:	CM13-0024112		
Date Assigned:	12/18/2013	Date of Injury:	02/26/2002
Decision Date:	01/30/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	09/13/2013

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, has a subspecialty in Interventional Spine, 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. 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 65 YO, male with an injury date from 2/26/02 with dx of lumbar disc degeneration with bulging, exogenous obesity, permanent and stationary status and radiculopathy, per [REDACTED] progress notes on 2/22/13 and 8/22/13. The IMR application shows a dispute with the 9/9/13 UR decision. The 9/9/13 UR decision is by [REDACTED], and is recommending against a lumbar MRI.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

MRI lumbar spine: Upheld

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

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

Decision rationale: The records indicate the patient received a lumbar MRI in 2003. The 8/22/13 report does not discuss the prior MRI findings and does not report subjective or objective findings of radicular symptoms. MTUS states, "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." There is no specific nerve compromise listed on a neurological exam. The request is not in accordance with MTUS/ACOEM topic guidelines.