

<b>Case Number:</b>	CM13-0028450		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	04/17/1991
<b>Decision Date:</b>	02/28/2014	<b>UR Denial Date:</b>	09/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2013

### 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 Preventative Medicine and Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of April 17, 1991. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; lumbar MRI imaging of December 3, 2012, notable for multilevel degenerative changes; unspecified amounts of physical therapy; attorney representation; and topical applications of heat and cold. In a utilization review report of September 12, 2013, the claims administrator denied a request for lumbar MRI imaging, citing a lack of documented neurologic compromise. The applicant's attorney subsequently appealed. An earlier handwritten note of August 16, 2013 is quite difficult to follow, notable for comments that the applicant is presenting for pain management in terms of his chronic low back pain. The applicant is described as having an abnormal neurologic exam, through usage of preprinted checkboxes. MRI imaging, rest, heat, and massage therapy are endorsed. An earlier note of June 4, 2013 is notable for comments that the applicant is having persistent low back pain issues. These are imputed to degenerative joint disease of the lumbar spine. Norco was refilled. The applicant is described as having limited lumbar range of motion with associated pain and discomfort.

### 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 Chronic Pain Treatment Guidelines Low Back Chapter Page(s): 303-304. Decision based on Non-MTUS Citation ODG-Low Back Chapter

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in chapter 12, unequivocal findings, which identify neurologic compromise on the neurologic examination is sufficient evidence to warrant imaging studies in those applicants who did not respond to treatment and who would consider a surgical remedy were it offered to them. In this case, however, it is not clearly stated that the applicant would consider a surgical remedy were it offered to him. There is no clear evidence or clear description of neurologic compromise present here. The documentation on file is sparse, handwritten, and not entirely legible. There is no evidence of any focal lower extremity weakness, which would warrant a surgical remedy here. For all of these reasons, then, the original utilization review decision is upheld. The request remains non-certified, on independent medical review.