

Case Number:	CM13-0028737		
Date Assigned:	11/27/2013	Date of Injury:	11/06/2011
Decision Date:	02/19/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	09/24/2013

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. 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 61-year-old female who was injured in a work-related accident on 11/06/11. Recent clinical records for review included a chiropractic report dated 07/16/13 stating the claimant had continued subjective and multiple orthopedic complaints, including ongoing cervical and low back pain. Specific to the lumbar spine, there was noted to be "stiffness and weakness, but no documentation of radicular findings." Objectively, physical evaluation showed tenderness with palpation, with muscle spasm over the paravertebral musculature and a positive straight leg raise causing "pain." Lower extremity examination was not performed; there was no documentation of neurologic findings or radicular process. Recommended at that time was an MRI scan of the lumbar spine for further assessment for a possible diagnosis of "lumbar strain and lumbar radiculopathy." Records did not indicate any other recent physical examination findings, nor did it document exacerbation of symptomatology. The MRI scan was ultimately performed and demonstrated degenerative changes, but no indication of compressive pathology or findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Lumbar w/o contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 287, 303.

Decision rationale: Based on the above-cited guidelines, the MRI scan ordered in July of 2013 would not have been medically necessary. The clinical presentation at the time the MRI scan was ordered failed to document any acute exacerbation of symptoms, progressive neurologic dysfunction or physical examination findings that would warrant acute testing. ACOEM Guideline criteria support the role of an MRI scan with unequivocal evidence of neurologic compromise on examination. The absence of the above would fail to necessitate the role of that test at this chronic stage in the claimant's clinical course of care.