

Case Number:	CM13-0032321		
Date Assigned:	12/11/2013	Date of Injury:	06/17/2009
Decision Date:	02/11/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/07/2013

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 claimant is a 65-year-old gentleman who sustained injuries to his mid and low back in a work related accident on 06/17/09. The recent clinical assessments reviewed included a 10/14/13 handwritten PR2 report documenting ongoing and increased complaints of pain in the back and the knee with activities. Physical findings were documented to show tenderness at the L4-S1 level to palpation with restricted range of motion but no documented neurologic findings. The claimant was diagnosed with a thoracic and lumbar strain at that time. MRI scans of both the thoracic and lumbar spine were recommended to rule out herniated discs. Prior imaging for review in this case is limited to the claimant's right knee and right shoulder and previous imaging of the thoracic or lumbar spine is not documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Lumbar MRI scan: Upheld

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

Decision rationale: Based on California ACOEM Guidelines, the lumbar MRI scan request in this case would not be supported. The claimant's current clinical presentation does not provide any evidence of a neurologic process to the lower extremities which would support the subacute role of imaging at this stage in the clinical course of care. The acute need of a lumbar MRI scan and based on claimant's current clinical presentation and exam findings would not be supported.