

Case Number:	CM13-0035579		
Date Assigned:	12/13/2013	Date of Injury:	05/28/2013
Decision Date:	04/02/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	10/17/2013

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 Family Practice, 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 56-year-old male who reported injury on 05/08/2013. The mechanism of injury was noted to be the patient was pulling a tub of dough weighing approximately 150 pounds when he felt an immediate pain to his back, arms, legs, and hip. The office note dated 09/04/2013 revealed that the patient had decreased range of motion. The patient was noted to be undergoing physiotherapy. The treatment plan was noted to be continued physiotherapy for 2 times 2 for cervical spine, lumbar spine, and bilateral shoulder and order an MRI for the cervical spine and lumbar spine and medications that were dispensed were noted to be topical transdermal creams to apply as needed. The patient's diagnoses were noted to be neck pain, disc degeneration of the cervical spine, rupture or herniation of the cervical disc, cervical sprain/strain, lumbar disc degeneration, rupture or herniation of a lumbar disc, low back pain and shoulder tendonitis bilaterally.

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): 308-310.

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

Decision rationale: ACOEM Guidelines indicate that if there is specific nerve compromise on neurologic examination, there is sufficient evidence to warrant imaging in patients who do not respond to treatment or who would be considered a surgical option. The clinical documentation submitted failed to provide the patient had myotomal or dermatomal findings to support specific nerve compromise. Additionally, there was a lack of documentation of the patient's unresponsiveness to conservative treatment and that the patient would consider surgery as an option. Given the above, the request for MRI of the lumbar spine is not medically necessary.