

Case Number:	CM13-0044862		
Date Assigned:	12/27/2013	Date of Injury:	01/04/2005
Decision Date:	03/06/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/29/2013

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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Florida. 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 37-year-old male who reported a work related injury on 01/04/2005, specific mechanism of injury not stated. The most recent clinical note submitted for review dated 05/01/2013 reports the patient was seen in clinic for treatment of the following diagnoses, postlaminectomy syndrome of the lumbar region. The provider, [REDACTED] documents the patient utilizes Avinza, Lyrica, Ambien, Lidoderm patch, and Motrin for his pain complaints. Upon physical exam of the patient, the provider documented deep tendon reflexes were 2 on the left 1 on the right, tenderness was reported throughout palpation of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbar region: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: The clinical documentation submitted for review failed to evidence any specific red flag findings upon physical exam of the patient to support the current request. In addition, as the patient presents status post his work related injury of multiple years, it is unclear

when the patient last underwent imaging of the lumbar spine findings status post the official report. Given the most recent clinical note submitted for review is dated from 05/2013 without evidence of significant objective findings of any functional deficits, motor, neurological, or sensory, the current request is not supported. The Low Back Complaints Chapter of the ACOEM Practice Guidelines indicate when the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The request for an MRI of the lumbar region is not medically necessary or appropriate.