

Case Number:	CM13-0045670		
Date Assigned:	12/27/2013	Date of Injury:	06/28/2005
Decision Date:	05/16/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/12/2013

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 57 year old male with an industrial injury on 6/28/05. An MRI from 7/6/07 showed mild degenerative changes at L4-5 and L5-S1 and decompressive laminectomy and fusion at L5-S1. Exam notes from 8/13/13 demonstrate complaint of low back pain, left buttock, and posterior thigh pain. Exam demonstrates positive facet loading test and straight leg raise caused low back pain. The patient was diagnosed with post laminectomy pain syndrome, lumbar facet arthropathy, and failed back surgery syndrome. Exam on 10/1/13 demonstrates low back pain more significant on the left side. Symptoms are still the same. On exam, lumbar range of motion was limited with flexion of 45 degrees and extension of 5 degrees. Lumbar paravertebral muscle spasm and tenderness was noted. Facet loading was positive and straight leg raise on the left side was positive. Request is for an MRI 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 SPINE: Upheld

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

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

Decision rationale: The California MTUS guidelines are silent on the issue of MRI of the lumbar spine. According to ACOEM guidelines stated above, MRI imaging is indicated for unequivocal objective findings that identify specific nerve compromise on the neurologic examination. As the employee does not have any objective evidence of specific nerve compromise from the records, the determination is for non-certification.