

Case Number:	CM13-0047120		
Date Assigned:	12/27/2013	Date of Injury:	11/01/2008
Decision Date:	02/28/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/04/2013

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 Physical Medicine & Rehabilitation and is licensed to practice in Texas. 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 65-year-old male who reported an injury on 11/01/2008. The patient is diagnosed with chronic axial low back pain with facet arthropathy, abdominal and peroneal pain, right trochanteric bursitis, possible peripheral neuropathy, and opioid dependence. The patient was seen by [REDACTED] on 10/17/2013. Physical examination revealed positive bilateral lumbar facet loading maneuver, trigger point in the right gluteus medius muscle, painful range of motion, positive palpable taut band with a twitch response at the lumbar paraspinal bilaterally, tenderness to palpation at the right greater trochanter, and intact sensation. Treatment recommendations included a decrease of oxycodone and Dilaudid, a refill of Norco, and an MRI of the lumbar spine for consideration of facet medial branch blocks in 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 spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Magnetic Resonance Imaging.

Decision rationale: California MTUS/ACOEM Practice Guidelines state if physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause, including MRI for neural or other soft tissue abnormality. As per the documentation submitted, the patient has chronic axial low back pain. The patient is currently participating in a course of physical therapy. There is no evidence of a significant change in the patient's symptoms or physical exam findings. There is also no evidence of red flags for serious spinal pathology. Based on the clinical information received, the patient does not currently meet criteria for an MRI of the lumbar spine. As such, the request is non-certified.