

Case Number:	CM13-0053603		
Date Assigned:	12/30/2013	Date of Injury:	03/05/2010
Decision Date:	03/18/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/18/2013

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 and Rehabilitation, has a subspecialty in Pain Medicine 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 34-year old male who was injured on 03/5/2010 due to cumulative trauma. The patient was treated with physical therapy, Norco and Vicodin. There were no diagnostic studies included for review. A clinical note dated 11/04/2013 the patient was seen for follow up by [REDACTED]. His chief complaint remains to be over the back area which is a constant dull, aching pain with stiffness and spasm associated with lower extremity symptoms. However, the other complaints also remain including neck pain, right shoulder pain as well as pain over both wrists, both elbows and right knee. On physical examination there is no sign of sedation. Spasms and tenderness of the lumbar spine is noted with reduced range of motion of the lumbar spine. Gait is antalgic. The impression on this visit was intractable lumbar pain with radiculopathy. An MRI of the lumbar spine was recommended. On 10/17/2013 the patient was seen by [REDACTED] for an orthopedic evaluation. The examination of lumbosacral spine reveals tenderness to palpation about the paralumbar musculature with tenderness at the midline thoraco-lumbar junction and over the level of L5-S1 facets and right greater sciatic notch. There was restricted range of motion due to complaints of discomfort and pain. On 10/07/2013 he was seen by [REDACTED] for pain management follow up. He is alert and oriented. Spasm and tenderness to the lumbar spine is noted with a reduced range of motion of the lumbar spine with a slight antalgic gait. The diagnosis was intractable lumbar pain with radiculopathy. MRI of the lumbar spine was recommended.

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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304 & 309.

Decision rationale: As per California MTUS guidelines, MRIs are indicated if there are unequivocal objective findings that identify specific nerve compromise on the neurological examination. There is no documentation by the provider that there are neurological deficits present such as decreased reflexes, sensory deficits, or weakness other than restricted ROM and paralumbar tenderness. Regarding the lumbar spine, there is lack of documentation regarding neurological deficits or red flags to warrant the MRI. Hence, the request for MRI of the lumbar spine is non-certified.