

Case Number:	CM13-0065349		
Date Assigned:	01/15/2014	Date of Injury:	07/15/2013
Decision Date:	05/20/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/13/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 expert 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 49 year old male with date of injury 7/15/13. The treating physician report dated 11/6/13 indicates that the patient presents with mid lower lumbar region pain. Current medications include Celebrex, Flexeril, Restoril and Nucynta. The current diagnoses are other unspecified. Lumbar disorder, compression fracture and dislocation lumbar vertebrae.

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 WITHOUT CONTRAST: 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): 303-305.

Decision rationale: The patient presents with lower back pain status post 4 months post injury. The current request is for MRI of the lumbar spine without contrast. The treating physician states that the patient has mid lower lumbar region pain of unspecified intensity. The physical examination findings state, "The patient has antalgic gait (globally); is assisted by cane. The paraspinal muscles are without tenderness. In reviewing the treating physician's reports there are

no documented radicular symptoms. None of the reports show any evidence of red flags. All of the examination findings are unremarkable in terms of neurologic findings in the lumbar spine. ACOEM Guidelines do not recommend MRI of the lumbar spine in the absence of "unequivocal objective findings that identify specific nerve compromise on neurologic examination." In this patient, no such evidence is present. The request is not medically necessary or appropriate.