

Case Number:	CM13-0068628		
Date Assigned:	01/03/2014	Date of Injury:	11/26/2010
Decision Date:	04/21/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/19/2013

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 Internal Medicine and Pulmonary Diseases 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 46-year-old male who reported an injury on 11/26/2010. The mechanism of injury was not stated. The patient is currently diagnosed as status post C6-7 ACDF, chronic low back pain without radiculopathy, and lumbar degenerative disc disease. The patient was seen by [REDACTED] on 11/22/2013. The patient was status post ACDF on 09/05/2013. The patient reported persistent lower back pain. Physical examination revealed painful and guarded range of motion of the lumbar spine. Treatment recommendations included continuation of current medication and 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:

OUTPATIENT LUMBAR MRI: 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 rationale: The California MTUS 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 an MRI for neural or other soft tissue

abnormality. As per the documentation submitted, the patient denied any radiating pain, numbness, tingling, or weakness. The patient's physical examination of the lumbar spine only revealed guarded and painful range of motion. The patient demonstrated negative straight leg raising and normal motor and sensory examination. There is no documentation of an exhaustion of conservative treatment for the lumbar spine. Therefore, the requested MRI is not medically necessary or appropriate at this time.