

Case Number:	CM14-0011779		
Date Assigned:	02/21/2014	Date of Injury:	01/20/2003
Decision Date:	06/26/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	01/29/2014

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 Occupational 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 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 41 year-old male with a date of injury of 1/20/03. The medical record associated with the request for authorization, a primary treating physician's progress report dated 12/19/13, lists subjective complaints as chronic low back pain. Examination of the spine revealed range of motion limited by obesity; the patient is morbidly obese. Normal strength was noted in the upper and lower extremities. No abnormal pain behaviors were noted. Transfers and gait were normal. Diagnoses include morbid obesity, postlaminectomy syndrome of the lumbar region, and lumbago.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

1 MRI OF THE CERVICAL SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM GUIDELINES, CHAPTER 8, 177-8

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM) 2ND EDITION (2004), NECK AND UPPER BACK COMPLAINTS, 182

Decision rationale: MRI or CT is recommended to validate diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for an invasive procedure. The patient has no complaints of neck or upper extremity problems, and there is no physical exam in regard to the neck. As such, the request is not medically necessary.