

Case Number:	CM13-0009223		
Date Assigned:	12/27/2013	Date of Injury:	03/27/2009
Decision Date:	02/21/2014	UR Denial Date:	07/11/2013
Priority:	Standard	Application Received:	08/09/2013

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 and Sports Medicine 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 52-year-old male who reported a work-related injury on 03/27/2009 due to a car accident. The patient is status post anterior cervical fusion surgery on 10/29/2013. A recent physical exam of the patient revealed tenderness to palpation to the patient's low back and both SI joints. Paraspinal muscle strength and muscle tone were within normal limits, straight leg raise test and femoral stretch test was negative bilaterally. The patient's gait was normal and full range of motion was noted in all planes of the lumbar spine. A request has been made for 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:

MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 46.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The California Medical Treatment Guidelines indicate that unequivocal objective findings that identify specific nerve compromise on a patient's neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who

would consider surgery an option. The patient was not noted to have undergone conservative treatment for his lumbar spine per clinical documentation submitted. There were no clear-cut findings of radiculopathy that would identify specific nerve compromise on the patient's physical exam to warrant an MRI of the lumbar spine. Given the above, the decision for MRI of the lumbar spine is non-certified.