

Case Number:	CM13-0067232		
Date Assigned:	01/03/2014	Date of Injury:	08/17/2009
Decision Date:	05/28/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	12/17/2013

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 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 an employee of [REDACTED], and has filed a claim for sprain of the neck associated with an industrial injury date of August 17, 2009. The utilization review from December 16, 2013 denied the request for MRI of the lumbar spine. Reasons for denial were not made available. The treatment to date has included medications, physical therapy, and psychotherapy. The medical records from 2009 through 2013 were reviewed showing the patient complaining of low back pain with radiation to the lower extremities, right more than left. The pain is noted to be at 8/10 on the pain scale. The patient's activity level has decreased needed pain. Medications are noted to be less effective. On examination, the range-of-motion for the cervical spine was noted to be limited due to pain. There was tenderness and tight muscle bands noted for the paravertebral muscles of the cervical spine. Spurling's maneuver causes pain in the muscles of the neck radiating to the right upper extremity. The lumbar spine range of motion was limited due to pain. There was tenderness and spasms of the lumbar paravertebral musculature. Motor examination was relatively normal. Sensory examination was normal. Waddell signs were negative.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

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

Decision rationale: As stated on pages 303-304 of the California MTUS ACOEM Low Back Chapter, imaging of the lumbar spine is supported in for red flag diagnoses where plain film radiographs are negative, or have unequivocal objective findings that identify nerve compromise on neurological exam and do not respond to treatment. In this case, the patient has a long history of low back pain. However, the progress notes did not clearly indicate the functional status of the patient. The physical exam did not highlight any progressive neurological deficits that may need further investigation. Therefore, the request for MRI of the lumbar spine is not medically necessary.