MAXIMUS Federal Services

Case Number:	CM13-0006568		
Date Assigned:	09/03/2013	Date of Injury:	07/22/2011
Decision Date:	01/06/2014	UR Denial Date:	07/10/2013
Priority:	Standard	Application Received:	08/05/2013

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 is licensed to practice in California, Ohio, and Pennsylvania. 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.

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 underlying date of injury in this case is 07/22/2011. The primary treating diagnosis is lumbago. The patient is a 52-year-old man who has reported multifocal pain in the neck, back, and right shoulder. The patient additionally has a history of an L1 compression fracture. An initial physician review indicated that the records do not contain evidence of neurological deficits or red flag findings to suggest the necessity of a lumbar magnetic resonance imaging (MRI). The treating provider noted 06/20/2013 that the patient previously had problems at L3-L4 and in light of the patient's deterioration in symptoms it would be helpful to get an updated lumbar MRI study. At that time a motor and sensory exam was normal. No pathologic reflexes were identified.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI lumbar with and without contrast RFA 6-26-13 QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section Treatment of Workers' Compensation/Low Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Section Treatment of Workers' Compensation/Low Back.

Decision rationale: The ACOEM Guidelines recommend MRI imaging of the lumbar spine "when cauda equina, tumor, infection, or fracture are strongly suspected and plain film radiographs are negative." This employee does not have any of these red flag findings. Also ODG Guideleines indicate that regarding MRI imaging "repeat MRIs are indicated only if there has been progression of neurological deficit." The medical records do not show a progression of neurological deficits to support an indication for repeat lumbar MRI. The rationale for this request is not supported by the guidelines. The request for MRI lumbar with and without contrast RFA 6-26-13 QTY:1.00 is not medically necessary and appropriate.