

Case Number:	CM13-0007891		
Date Assigned:	03/03/2014	Date of Injury:	06/16/2012
Decision Date:	04/07/2014	UR Denial Date:	07/29/2013
Priority:	Standard	Application Received:	08/06/2013

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 is licensed to practice in New York. 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 claimant is a 46 year old male who sustained a work related injury on 06/16/2012. The mechanism of injury was not provided. His diagnosis is chronic low back pain. He continues to complain of low back pain with radiation to the left lower extremity. On exam he has pain with range of motion with the lumbar spine without any sensory or motor deficits on exam. Treatment is medical therapy including opiates. The treating provider has requested a repeat 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:

REPEAT MRI FOR 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): 304. Decision based on Non-MTUS Citation Medscape Internal Medicine : Evaluation of Low Back Pain 2012.

Decision rationale: Per the documentation the claimant had an MRI of the lumbar spine on 10/26/2012 which demonstrated a 1mm disc protrusion with annular tear at L4-L5 with reported

nerve root impingement. He has had persistent low back pain with radiation to the left lower extremity. There is no documentation of any significant change in his complaints or exam. He is maintained on medical therapy and there has been no new neurologic findings or subjective complaints of increased back pain, radiculopathy, bowel or bladder incontinence. There is no reported consideration for any interventional procedures for the treatment of his chronic back condition. There is no specific indication for the requested repeat MRI of the lumbar spine. Medical necessity for the requested service has not been established. The requested service is not medically necessary.