

Case Number:	CM13-0011860		
Date Assigned:	09/24/2013	Date of Injury:	07/24/2006
Decision Date:	01/02/2014	UR Denial Date:	08/06/2013
Priority:	Standard	Application Received:	08/15/2013

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. 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 07/24/2006. The referenced diagnoses include lumbar herniated nucleus pulposus, sciatica, and lumbar sprain. The patient is a 57-year-old man with low back pain which reportedly occurred due to lifting. An MRI in 2009 did not show significant pathology. The records indicate there may have been an additional subsequent magnetic resonance imaging (MRI) showing L5-S1 radiculopathy. Current treatment notes do not document any neurological changes. *â*

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, without contrast: 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) chapter on low back.

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

Decision rationale: The MTUS/ACOEM Guidelines indicate the following regarding lumbar MRI imaging, "Recommend MRI when cauda equina, tumor, infection, or fracture are strongly suspected and plain film radiographs are negative." The Official Disability Guidelines indicate, "Repeat MRIs are indicated only if there has been progression of neurological deficit." In this

case, the medical records at this time do not demonstrate a progressive neurological deficit, nor do these records provide an alternate rationale for a repeat lumbar MRI study. The request for MRI of the lumbar spine without contrast is not medically necessary and appropriate.