

Case Number:	CM13-0015686		
Date Assigned:	10/11/2013	Date of Injury:	02/05/2004
Decision Date:	05/12/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	08/23/2013

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 Orthopedic Spine Surgery 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 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 injured worker is a 60-year-old female who reported an injury on February 05, 2004. The mechanism of injury was not provided for review. The injured worker reportedly sustained an injury to her lumbar spine, cervical spine, and right knee. The injured worker was evaluated by a qualified medical examiner on October 19, 2010. The injured worker had an MRI in July 2009 that revealed multilevel disc bulging and facet joint changes. The injured worker's Application for Independent Medical Review dated August 15, 2013 indicated that the request was made for an MRI of the lumbar spine on August 15, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

MAGNETIC RESONANCE IMAGING (MRI) OF THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Magnetic Resonance Imaging (MRI).

Decision rationale: The American College of Occupational and Environmental Medicine (ACOEM) recommends MRIs when there are clear indications of neurological deficits upon

physical examination. Additionally, The Official Disability Guidelines recommend repeat imaging studies for patients who have progressive neurological deficits or a significant change in clinical presentation to support a change in pathology. The clinical documentation submitted for review did not include a recent assessment of the injured worker. Therefore, there is no documentation of progressive neurological deficit or a change in pathology to support the need for an additional imaging study. As such, the requested magnetic resonance imaging (MRI) of the lumbar spine is not medically necessary or appropriate.