

Case Number:	CM13-0017783		
Date Assigned:	01/15/2014	Date of Injury:	09/16/2011
Decision Date:	03/25/2014	UR Denial Date:	08/21/2013
Priority:	Standard	Application Received:	08/28/2013

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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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. 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 a 47-year-old female who reported an injury on 09/16/2011. The patient reportedly strained her lower back while assisting a client out of bed. The patient is currently diagnosed with right sacroiliac joint pain, lumbar degenerative disc pain, lumbar disc displacement, acute L5 radiculopathy, anxiety and depression, and rule out right piriformis syndrome. The patient was recently seen by [REDACTED] on 11/19/2013. The patient had completed 3 sessions of physical therapy. The patient reported lower back pain with radiation to the right lower extremity. It is noted that the patient has undergone an epidural steroid injection. Physical examination of the lumbar spine revealed slightly decreased range of motion with positive straight leg raising and decreased sensation on the right. Treatment recommendations at that time included continuation of current medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 303-305.
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 303-305.

Decision rationale: The California MTUS Guidelines state that if physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause, including MRI for neural or other soft tissue abnormality. As per the documentation submitted, the patient has undergone previous epidural steroid injections. The patient underwent a previous MRI in November 2012. Documentation of a significant change in the patient's symptoms or a progression of physical examination findings was not provided. The medical necessity for a repeat MRI has not been established. Therefore, the requested lumbar MRI is not medically necessary at this time.