MAXIMUS Federal Services

Case Number:	CM13-0019750		
Date Assigned:	06/06/2014	Date of Injury:	03/08/2013
Decision Date:	07/11/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/03/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 employee is a 53-year-old female who states that she sustained a work related injury on March 8, 2013. The mechanism of injury is not specified. The injured employee was most recently seen on August 20, 2013. There was complaint of ankle pain. The physical examination noted decreased sensation on the dorsum of the foot and over the fourth toe. It was noted that a previous injection at the Achilles only provided a couple of days of pain relief. There was a diagnosis of right ankle pain and perineal pathology. There was a request for a lumbar spine MRI due to radicular symptoms and a request for right ankle arthroscopy. A utilization review, dated August 29, 2013, stated that a lumbar spine MRI was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (MAGNETIC RESONANCE IMAGE) FOR LUMBAR WITHOUT CONTRAST:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287.

Decision rationale: While the physician's note dated August 20, 2013 states that a lumbar spine MRI was requested due to radicular symptoms, the doctor's note does not state whether radicular symptoms were experienced in the right, left or both legs. Furthermore, there was no documentation of objective radicular findings on physical examination nor was there even a relevant neurological examination performed and nor was there any stated complaint of low back pain. Therefore, the request for MRI for the lumbar spine without contrast is not medically necessary and appropriate.