

Case Number:	CM13-0025054		
Date Assigned:	11/20/2013	Date of Injury:	11/11/2010
Decision Date:	01/13/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	09/16/2013

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 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 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 33 year old female with a history of injury 11/11/10. She had a lumbar MRI on 4/21/11 revealing mild lower degenerative disc changes L4-5, and L5-S1. Her diagnoses include low back pain, lumbar radiculopathy, lumbar facet syndrome and sacroiliac pain. The patient had radiofrequency neurotomy on 8/23/13 and lumbar medial blocks on 7/8/13.

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: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation New England Journal of Medicine, 2013; 368:999-1007.

Decision rationale: The cited source indicates that follow up MRI images among patients treated for sciatica found no discernible benefit from the repeat image. MRI performed at 1 year follow up in patients who had been treated for sciatica and lumbar disc herniation did not distinguish between those with a favorable outcome and those with an unfavorable outcome. There is not any documentation of a significant change in patient's neurological status to

necessitate a repeat MRI at this time. The request for an MRI of the lumbar spine is not medically necessary and appropriate.