

Case Number:	CM13-0025157		
Date Assigned:	11/20/2013	Date of Injury:	06/24/2009
Decision Date:	01/31/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/17/2013

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, has a subspecialty in Pulmonary Diseases 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. 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 male who reported an injury to the lumbar spine on 06/24/2009. The patient underwent an Magnetic Resonance Imaging that revealed disc herniation at the L4-5. The patient's chronic pain was managed with medications and chiropractic care. The patient's most recent clinical examination findings included tenderness to palpation along the paraspinal musculature of the cervical, lumbar, and thoracic spine. The patient's diagnoses included chronic lumbar, thoracic, and cervical pain, bilateral lower extremities radicular symptoms, and chronic neuropathic pain of the lower back and lower extremities. The patient's treatment plan included a repeat Magnetic Resonance Imaging, lidocaine patches, and continued medication usage.

IMR ISSUES, DECISIONS AND RATIONALES

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

One repeat 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The requested repeat Magnetic Resonance Imaging (MRI) of the lumbar spine is not medically necessary or appropriate. The clinical documentation submitted for review

does provide evidence that the patient has chronic low back pain. However, American College of Occupational and Environmental Medicine recommends Magnetic Resonance Imaging (MRI) when there are physical findings of nerve root impingement. The clinical documentation submitted for review does not provide any evidence that the patient has any radicular findings. Additionally, Official Disability Guidelines do not recommend repeating Magnetic Resonance Imaging (MRI) unless there are progressive neurological deficits or a significant change in the patient's pathology. The clinical documentation submitted for review does not provide any evidence that the patient has had a significant change in pathology or that there are any progressive neurological deficits. Therefore, a repeated Magnetic Resonance Imaging (MRI) would not be supported. As such, the requested repeat Magnetic Resonance Imaging (MRI) of the lumbar spine is not medically necessary or appropriate.