

Case Number:	CM13-0027078		
Date Assigned:	11/22/2013	Date of Injury:	04/22/2010
Decision Date:	01/29/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	09/20/2013

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.

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 57-year-old man with a date of injury of 4/22/2010. He slipped and fell on some hydraulic oil on the floor at work. He developed lower lumbar pain immediately afterwards which has essentially continued unabated since then. Plain radiographs of the lumbosacral spine revealed mild degenerative joint disease. An MRI was performed on 2/4/2011 which showed minimal disc bulging at three levels (L2-3, L3-4 and L4-5). He has been treated with analgesic medications and followed by a PM and R specialist. At the most recent visit with his doctor on 11/27/2013, the patient noted that he had 7-8 back pain, on a scale of 10. On physical exam, he had tenderness over L4-L5. Straight leg testing was negative, sensation was intact of bilateral lower extremities, motor function of lower extremities was intact and reflexes were normal. His physician noted that he was requesting an MRI of the lumbar spine since the previous MRI was "very old".

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: 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): 303-305,309.

Decision rationale: The Physician Reviewer's decision rationale: The injured worker has non-specific chronic lower back pain without radiculopathy. The ACOEM citation listed provides specific indications for imaging in cases of low back pain. Throughout multiple follow-up visits with the treating physician, there were no findings to suggest a radiculopathy indicating medical necessity for a repeat MRI. No "red flag" conditions are identified. There is nothing to suggest cauda equine syndrome, infection or fracture. Specific indications for surgery are not present. The request for a lumbar MRI is not medically necessary or appropriate.