

Case Number:	CM13-0027356		
Date Assigned:	11/22/2013	Date of Injury:	04/25/2012
Decision Date:	01/23/2014	UR Denial Date:	09/13/2013
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 Family Practice, and is licensed to practice in Texas. 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 53 year old male who reported an injury on 04/25/2012. The mechanism of injury was not provided. The patient received medication management, an unknown duration of physical therapy, and imaging studies. He currently continues to complain of chronic pain and is awaiting approval for a lumbar decompression.

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: Decision based on MTUS ACOEM Page(s): 303. Decision based on Non-MTUS Citation ODG Guidelines, Low Back

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, MRI.

Decision rationale: The California MTUS and ACOEM guidelines did not address repeat imaging studies, therefore the Official Disability Guidelines were supplemented. ODG does not recommend repeat MRI unless there has been a significant change in symptoms or a suspected significant pathology, i.e. a tumor. However, there is no objective documentation in the clinical records showing a significant change in symptoms, symptoms suggesting a significant

pathology, or symptoms indicating progressive or severe radiculopathy. As such, the request for MRI of the lumbar spine is non-certified.