

Case Number:	CM13-0027698		
Date Assigned:	12/11/2013	Date of Injury:	02/16/2012
Decision Date:	01/29/2014	UR Denial Date:	09/09/2013
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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine, 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 claimant is a 49 year-old male with an injury date of 2/16/2012. He has been diagnosed with lower back pain; lumbar degenerative disc disease; lumbar myospasm; and bilateral knee pain. The IMR application shows a dispute with the 9/9/13 UR decision. The 9/9/13 UR decision is by [REDACTED], based on the 8/28/13 medical report, and is for denial of a lumbar MRI and continued work conditioning 2x6 for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRI of the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back Chapter

Decision rationale: According to the medical records provided for review the patient has had prior MRIs as he has been diagnosed with multilevel disc protrusions with bilateral neural foramina narrowing at L2/3, L3/4, and L4/5 bilaterally. The prior MRI from 10/10/12 was not

discussed by the current requesting physician, and there is no discussion of any progressive neurologic deficits since the prior MRI. Consequently, the patient does not meet the Official Disability Guidelines' criteria for a repeat MRI nor for a positional MRI. The request for one MRI of the lumbar spine is not medically necessary and appropriate.