

Case Number:	CM13-0032871		
Date Assigned:	12/06/2013	Date of Injury:	09/05/2008
Decision Date:	02/11/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/08/2013

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 Orthopedic Surgery, 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 45-year-old gentleman who was injured in a work related accident on September 5, 2008. The clinical records for review in this case include an October 2, 2013 assessment with the provider indicating a diagnosis of lumbar disc herniation at L5-S1 with positive magnetic resonance imaging (MRI) findings. He indicates subjective complaints of low back pain with radiating pain to the legs. Objectively, there was noted to be positive sacral testing with diminished sensation in an L5 dermatomal distribution to the right lower extremity. The treatment at that time consisted of request for an MRI scan of the lumbar spine to "establish the presence of disc pathology". There is documentation that previous MRI of December 2011 revealed L5-S1 disc desiccation with posterior bulging with no indication of foraminal stenosis with electrocardiogram (EKG) studies of March 20, 2013 being normal.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back procedure:MRIs (magnetic resonance imaging)

Decision rationale: Based on the California ACOEM Guidelines and supported by the Official Disability Guideline criteria, repeat imaging in this case would not be indicated. The Official Disability Guidelines (ODG) specifically indicates that repeat imaging to the lumbar spine would only be indicated in the setting of significant change in the claimant's symptoms or findings suggestive of significant pathology. The claimant's current clinical presentation does not indicate significant change in symptoms or lumbar pathology with no documentation of acute findings or change in findings on recent examination. The acute need of a repeat magnetic resonance imaging (MRI) at this stage in the claimant's chronic course of care would not be indicated.