

Case Number:	CM13-0034774		
Date Assigned:	12/11/2013	Date of Injury:	04/28/2009
Decision Date:	02/04/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/15/2013

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 36-year-old female who reported an injury on April 29, 2009. The mechanism of injury was a fall. The patient's initial course of treatment included x-rays, medication, and activity restrictions. She was also prescribed an unknown duration of physical therapy consisting of massage, heat, and electrical stimulation. The patient then received an MRI of her lumbar spine and a series of 3 epidural injections with no noted relief. She was then referred to a back specialist who performed an unspecified surgery in March 2010 with postoperative physical therapy, also with little relief noted. After the surgery and postoperative physical therapy, the patient received increased pain medication management and acupuncture treatment twice a week for an unknown duration, with little relief noted. The patient continued to complain of lower back pain with radicular symptoms radiating to the left leg. The patient's complete medication list is not provided; however, it is noted she is taking Anaprox D and Prilosec 20 mg, directions not included. There were no other clinical records submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

repeat MRI of the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): .3.-3.5. Decision based on Non-MTUS Citation ODG 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/ACOEM Guidelines did not address repeat MRIs; therefore, the Official Disability Guidelines were supplemented. The Official Disability Guidelines do not recommend repeat MRIs unless there is a significant change in symptoms and/or findings suggestive of a significant pathology such as tumor, infection, fracture, neurocompression, and recurrent disc herniation. In the only recent clinical note submitted for review dated October 10, 2013, the patient reported no change in symptoms since the last visit (unknown). The physical examination on this date did not offer any objective evidence of neurologic, sensory, motor, or reflex deficits. There was also no mention of any range of motion deficits. Since the patient has no subjective complaints of new onset of symptoms and there were no objective findings of such, there is no indication for a repeat MRI. Therefore, the request for repeat MRI of the lumbar spine is not medically necessary and appropriate.