

Case Number:	CM13-0034970		
Date Assigned:	12/11/2013	Date of Injury:	10/22/2010
Decision Date:	02/10/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/16/2013

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 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 patient is a 50-year-old female who reported injury on 10/22/2010. The mechanism of injury was not provided. There was lack of a physical examination to support the requested service of a repeat MRI. The patient's diagnosis, per the Application of Independent Medical Review, was noted to be myalgia and myositis unspecified. The request was made for a new MRI of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

new MRI of the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Official Disability Guidelines recommend a repeat MRI when the patient has a significant change in symptoms and/or findings suggestive of a significant pathology. There was a lack of documentation of a physical examination to indicate the patient had a significant change. There was a lack of documentation to include the submitted requested

service. Given the above and the lack of documentation, the request for new MRI of the lumbar spine is not medically necessary.