

Case Number:	CM13-0035876		
Date Assigned:	12/13/2013	Date of Injury:	01/19/1999
Decision Date:	02/05/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/18/2013

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 Emergency Medicine and is licensed to practice in New York. 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 56-year-old female who continued to complain of lower back pain, right shoulder pain, bilateral knee pain, and left ankle pain. Date of injury was January 19, 1999 and occurred when the patient moved a filing cabinet. The patient had been experiencing increasing pain in the lower back with pain in her right leg to her foot. Physical examination revealed symmetrical deep tendon reflexes, intact sensation, and intact motor strength in the lower extremities. Straight leg raise was positive in the left leg. Diagnosis included lumbar radiculopathy. Past treatments included epidural steroid injections with improvement. The request for authorization for MRI of the lumbar spine was submitted on September 18, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

request for one (1) MRI of the Lumbar Spine without Contrast, between October 4, 2013 and November 18, 2013,: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: MRI's are test of choice for patients with prior back surgery. MRI of the lumbar spine for uncomplicated low back pain, with radiculopathy, is not recommended until after at least one month conservative therapy, sooner if severe or progressive neurologic deficit. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. In this case the patient had not one month of conservative therapy. The pain radiated down the right leg, but there was no neurologic deficits documented. Deep tendon reflexes, sensation, and motor strength were normal. The medical necessity for the MRI is not established. Therefore the request for one (1) MRI of the Lumbar Spine without contrast, between October 4, 2013 and November 18, 2013 is not medically necessary or appropriate.