

Case Number:	CM13-0037014		
Date Assigned:	12/13/2013	Date of Injury:	10/29/2012
Decision Date:	02/04/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	11/04/2013

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 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 41-year-old female with a date of injury of October 29, 2012. She has chronic back pain. The physical examination shows painful range of motion and right lower extremity pain with weakness of the tibialis anterior and right EHL. The MRI done January 2013 of the lumbar spine shows disc bulges with foraminal narrowing. The EMG done in March 2013 shows a right L5-S1 denervation. She's had treatment with epidural steroid injections and acupuncture. At issue is whether appeared lumbar MRI is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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 Chapter.

Decision rationale: This patient clearly does not meet criteria for repeat lumbar MRI. The last MRI the lumbar spine was done within the last year, and the EMG was done 6 months ago. The medical records do not document significant changes in the patient's condition to warrant

additional MRI of the lumbar spine. In addition the patient's physical examination does not document any significant changes. Also, there are no red flag items documented. The medical records do not demonstrate any concern for fracture tumor or worsening neurologic deficits. The MRI the lumbar spine is not medically necessary in this case.