

Case Number:	CM13-0039196		
Date Assigned:	12/18/2013	Date of Injury:	03/19/2010
Decision Date:	04/03/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/03/2013

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 Medicine, and is licensed to practice in Arizona. 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:

Patient is a 56 year old female with a date of injury on 3/19/2010. Patient has been treated for ongoing low back and leg symptoms. Patient has diagnoses of lumbar musculoligamentous strain with lower extremity radiculopathy, and left shoulder impingement syndrome. Subjective findings are of lower back pain with radiation into bilateral extremities, right hip pain, and left thigh pain with numbness and tingling. Physical exam shows lumbar paraspinal spasm and tenderness, and a positive bilateral straight leg raise test. Treatments have included chiropractic care, acupuncture, physical therapy, medications, and left shoulder arthroscopy. Patient previously had a lumbar MRI on 2/15/13 which revealed the following: L1 vertebral compression, L1-2 mild central canal stenosis, L3-4 central canal stenosis, moderate left foraminal stenosis with facet joint osteophytes contacting left L3 nerve root.

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: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Magnetic Resonance Imaging (MRI).

Decision rationale: ACOEM recommends MRI of lumbar spine when cauda equina, tumor, infection, or fracture is strongly suspected or if patient has had prior back surgery. The ODG recommends repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g. tumor, infection, fracture, neurocompression, recurrent disc herniation). This patient already had a lumbar MRI performed, and there was no documented change in the patient's symptoms since then. Therefore, and request for a Lumbar MRI is not medically necessary.