

Case Number:	CM13-0039219		
Date Assigned:	12/18/2013	Date of Injury:	08/12/2011
Decision Date:	05/23/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	10/03/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Minnesota. 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 expert 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 injured worker is a 40-year-old male who reported an injury on 08/12/2011 due to cumulative trauma while performing normal job duties. The injured worker reportedly sustained an injury to his low back. The injured worker's treatment history included physical therapy, shockwave therapy, LINT therapy, epidural steroid injections, medications, and a home exercise program. The injured worker was evaluated on 05/15/2013. Physical findings included limited lumbar range of motion with a positive right-sided straight leg raising test and decreased sensation in the L5 distribution of the right lower extremity. The injured worker's diagnoses included a lumbar spine sprain/strain, lumbar discopathy, and right lower extremity radiculitis. It was noted that the injured worker had undergone an MRI in 09/2011. An updated MRI of the lumbar spine was requested.

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: 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 (ODG) LOW BACK CHAPTER, MRI

Decision rationale: The California MTUS guidelines do not address repeat imaging. The Official Disability Guidelines recommend repeat imaging when there is evidence of progressive neurological deficits or a significant change in the injured worker's pathology. The clinical documentation submitted for review does indicate that the injured worker underwent an MRI in 09/2011. The clinical documentation fails to provide a significant change in the injured worker's clinical presentation to support the need for an additional MRI. The request for a repeat MRI of the lumbar spine is not medically necessary and appropriate.