

Case Number:	CM13-0040591		
Date Assigned:	12/20/2013	Date of Injury:	09/10/2012
Decision Date:	05/06/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/09/2013

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 Orthopaedic Surgery, 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 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 claimant is a 50-year-old gentleman who was involved in a work related injury on September 10, 2012. The clinical records for review include an October 7, 2013 MRI of the lumbar spine revealing disc desiccation at L3-4 through L5-S1 with mild loss of disc height and disc bulging at L4-5 and L5-S1 with mild spinal stenosis but no documented compressive pathology. Prior to the MRI, a September 10, 2013 assessment showed the claimant to be with complaints of low back pain specific to his lumbar spine. There was an examination that showed diminished range of motion, 5/5 lower extremity strength, normal sensory and reflexive examination. Based on continued subjective complaints and failed conservative measures that included chiropractic and physical therapy modalities, an MRI scan was recommended at that time.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (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 (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287.

Decision rationale: Based on California ACOEM Guidelines, the MRI scan which was ultimately performed in October of 2013 did not appear to be medically warranted. CA MTUS states, "When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study". Prior to that assessment, the claimant was with no indication of neurologic deficit on examination or acute clinical findings of a neural compressive nature that would have warranted further imaging at this stage in his chronic course of care. The specific request for the MRI scan as performed would thus not have been medically necessary.