

Case Number:	CM13-0047449		
Date Assigned:	04/02/2014	Date of Injury:	01/20/2012
Decision Date:	05/23/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/02/2013

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 Orthopedic 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 61-year-old gentleman who sustained an injury to the low back in a work related accident 01/20/12. The only clinical records provided for review is a lumbar MRI report performed on 12/08/13 identifying multilevel degenerative change and spinal stenosis with no indication of acute neurocompressive findings. There was documentation of a prior utilization review from 10/30/13 noncertifying the need for the MRI scan citing no change in the claimant's physical exam findings. Prior treatment was documented to have included epidural injections, facet joint injections, medications and activity modification. This request is for the MRI scan that was recently performed December 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR SPINE MRI WITH AND WITHOUT CONTRAST: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS, FUNCTIONAL IMPROVEMENT;NON MTUS, LUMBAR: MRI.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287,300.

Decision rationale: Based on the ACOEM Guidelines, the MRI of the lumbar spine cannot be recommended as medically necessary. In the records provided for review, there is no current documentation of physical examination findings demonstrating a progressive neurologic process that would have supported the MRI scan that was ultimately performed in December 2013. This is taking into account the fact the claimant's MRI scan showed multilevel degenerative change with no indication of acute compressive pathology. From the records reviewed, this claimant's diagnosis and clinical course was well established and did not require further imaging at this time. The request is non certified.