

Case Number:	CM13-0049008		
Date Assigned:	12/27/2013	Date of Injury:	10/02/2011
Decision Date:	02/21/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/07/2013

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 Internal Medicine 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 38 year old female with a history of injury on 10/2/11. Her diagnoses include lumbar radiculopathy, chronic pain, obesity, elevated liver enzymes and gastroesophageal reflux disease (GERD). The patient had a cervical, thoracic, and lumbosacral MRI done in April 2012 that revealed disc protrusion L4-5, and L5-S1. During a visit to the doctor on 7/29/13, the patient complains of chronic low back pain with radiculopathy to both lower extremities. Her medications are not noted. She complains of pain 10/10 without medications and 8/10 with medications. A request has been made for a lumbar MRI.

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: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Journal of Roentgenology, Sep. 2010, Volume 195, Number 3 by Roudsari and Jarvik.

Decision rationale: Indications for a lumbar MRI include evaluation of compression fractures, spinal metastases, ankylosing spondylitis, spinal infections, central canal stenosis, disc disease and

new neurological dysfunction. The record does not indicate any new neurologic changes or a reason why a repeat MRI is necessary at this time. Based on the above, the requested MRI is not medically necessary or appropriate at this time.