

Case Number:	CM13-0051758		
Date Assigned:	12/27/2013	Date of Injury:	11/03/2006
Decision Date:	03/11/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/15/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 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:

This is a 49 year-old female who injured her neck and back on 11/3/2006 from lifting heavy 50-lbs boxes at work. She was reported to have lumbar and cervical disc pathology. According to the 9/6/13 initial orthopedic evaluation by [REDACTED], she is assessed as having a cervical and lumbar strain, r/o disc pathology. Lumbar physical exam findings were positive for tenderness, and mild (less than 10 degrees) decreased lumbar motion. There was no mention of any neurologic deficits. [REDACTED] notes the last MRI was a year ago, so he recommends a new MR study.

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, without contrast, as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The 9/6/13 report states the patient had a lumbar MRI last year, and the physician requested a new MRI. This appears to be a routine MRI request, and the 9/6/13 report did not have any objective findings suggestive of radiculopathy in the lower extremities.

There is no discussion of progressive neurological deficits since the last MRI. The request is not in accordance with MTUS/ACOEM guidelines.