

Case Number:	CM13-0052010		
Date Assigned:	12/27/2013	Date of Injury:	07/25/2001
Decision Date:	03/11/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/24/2013

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 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:

The patient is a 54 year old female who reported an injury on 07/25/2001. The patient is diagnosed with bilateral carpal tunnel syndrome, 3.8 mm disc bulge at L4-5, and lumbar radiculitis. The patient was evaluated on 06/25/2013. The patient reported persistent lower back pain, as well as right knee pain. Physical examination was not provided for review. Treatment recommendations included MRI of the lumbar spine with gadolinium and authorization for acupuncture treatment.

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 with gadolinium: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Magnetic Resonance Imaging.

Decision rationale: California MTUS/ACOEM Practice Guidelines state if physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause, including an MRI for neural or other soft tissue abnormality. As per the documentation submitted, the patient's injury was greater than 12

years ago to date and there is no evidence of an acute traumatic event or a significant change in the patient's symptoms or physical examination findings. The patient's physical examination on the requesting date of 06/25/2013 was not provided for review. There was no evidence of a neurological deficit. There is also no documentation of a recent failure to respond to at least 1 month of conservative therapy prior to the request for an imaging study. As the medical necessity has not been established, the current request is not medically appropriate. Therefore, the request is non-certified.