

Case Number:	CM13-0056628		
Date Assigned:	12/30/2013	Date of Injury:	02/27/2012
Decision Date:	06/04/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	11/22/2013

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 American Board of Surgery and is licensed to practice in Mississippi, Tennessee, Indiana and Virginia. 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 injured worker sustained an injury to her low back on 02/27/12. The mechanism of injury was not documented. The injured worker is status-post laminectomy and microdiscectomy at right L3-4 and L4-5 dated 05/13/13 and it was reported that a pre-surgical MRI of the lumbar spine was obtained. The injured worker has been diagnosed with lumbago and was initially treated conservatively with at least 12 visits of physical therapy and medications. The injured worker continues to complain of low back pain at 5/10 VAS.

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: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Low Back - Lumbar & Thoracic.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, MRIs (magnetic resonance imaging).

Decision rationale: The request for MRI of the lumbar spine is not medically necessary. The previous request was denied on the basis that the most-recent medical reports did not provide a

comprehensive evaluation of the lumbar spine to substantiate the requested study. The previous MRI of the lumbar spine was not provided for review. There were no focal neurological deficits on physical examination. There was no report of a new acute injury or exacerbation of previous symptoms. There was no mention that a surgical intervention was anticipated. There was no indication of decreased motor strength, increased sensory or reflex deficits. Therefore, the request for MRI of the lumbar spine is not medically necessary and appropriate.