

Case Number:	CM13-0057815		
Date Assigned:	12/30/2013	Date of Injury:	06/17/2009
Decision Date:	08/20/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	11/26/2013

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 Physical Medicine and Rehabilitation has a subspecialty in Interventional Spine 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 patient is a 66 year-old male with the date of injury of 06/17/2009. The patient presents with pain and spasm in his back, aggravated by his activities or the cold weather. The report from [REDACTED] dated 06/09/2014, the diagnostic impressions are: T-L-S MFS, sciatica, right worse than left, chronic pain in thoracic and lumbar spine, right knee sprain, and chronic pain in right knee. [REDACTED] requested for MRI of the lumbar spine. The utilization review determination being challenged is dated on 11/15/2013. [REDACTED] is the requesting provider, and he provided treatment reports from 05/23/2013 to 06/09/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

AN MRI OF THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, Chronic Pain Treatment Guidelines MRI, uncomplicated back pain. Decision based on Non-MTUS Citation ODG-TWC guidelines (http://www.odg-twc.com/odgtwc/low_back.htm#Protocols).

Decision rationale: The patient presents with back pain and tenderness or spasm from L5-S1. The request is for MRI of the lumbar spine, although none of [REDACTED] hand-written reports from 05/23/2013 to 06/09/2014 mention the patient's back pain except the patient having increased back pain. Review of the reports does not indicate that the patient had a previous MRI of his lumbar spine. In addition, the providing physician does not indicate why MRI of his lumbar spine is being requested. There are no reports provided that specifically discusses this request. The American College of Occupational and Environment Medicine (ACOEM) Guidelines state: Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. The Official Disability Guideline (ODG) does not recommend it unless progression of neurologic deficit is suspected. In this case, such suspicions are not discussed in any of the reports; therefore the decision for the treatment is not medically necessary.