

Case Number:	CM13-0058629		
Date Assigned:	12/30/2013	Date of Injury:	05/17/1999
Decision Date:	04/04/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	11/27/2013

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 & Rehabilitation and is licensed to practice in Illinois. 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 53-year-old female who reported injury on 05/12/1999. The mechanism of injury was not provided. The most recent clinical documentation dated 10/25/2013 revealed the patient had increasing radicular symptoms and a positive straight leg raise and the physician opined the patient had a necessity for a lumbar spine MRI to rule out herniation of the disc. The patient's diagnosis was noted to be lumbar strain.

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 (magnetic resonance imaging of spinal canal, lumbar, without contrast material): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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, MRI

Decision rationale: Official Disability Guidelines do not recommend a routine repeat MRI as they should be reserved for a significant change in symptoms and/or findings suggestive of a significant pathology. Clinical documentation submitted for review indicated the patient had a

prior MRI. However, the official read of the previous MRI was not provided for review. The patient's physical examination from 02/01/2013 and 10/25/2013 were comparatively similar. There was lack of documentation indicating the patient had an increase in signs and symptoms or findings suggestive of a significant pathology. There was lack of documentation of a myotomal and dermatomal examination that supported radiculopathy. The patient's motor strength was noted to be 5/5 and the sensory examination was noted to be intact. Given the above and the lack of documentation, the request for MRI of the lumbar spine (magnetic resonance imaging of spinal canal, lumbar, without contrast material) is not medically necessary.