

Case Number:	CM13-0060404		
Date Assigned:	12/30/2013	Date of Injury:	10/15/2001
Decision Date:	05/15/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/03/2013

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 Family Practice and is licensed to practice in . 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 61-year-old male who reported an injury on 10/15/2001. The mechanism of injury was not provided for review. The patient's treatment history included an MRI that showed mild bilateral L3-4 and L4-5 foraminal narrowing. The patient underwent an epidural steroid injection in 07/2013, which provided 70% pain relief. However, the patient had persistent right lower extremity tingling and numbness. The patient's most recent clinical evaluation documented that the patient had low back pain radiating into the right lower extremity, and 5/5 motor strength in both upper extremities and lower extremities. The patient's diagnoses included right knee pain, chronic back pain, cervical degenerative disc disease, chronic low back pain, and chronic right L5 and S1 radiculitis. A request was made for an additional MRI of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MAGNETIC RESONANCE IMAGING (MRI) OF THE LUMBAR SPINE WITHOUT CONTRASTIS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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: The Official Disability Guidelines do not recommend repeat imaging of the lumbar spine in the absence of progressive neurological deficits or a significant change in the patient's pathology. The clinical documentation submitted for review does provide evidence that the patient has chronic radiculopathy. However there is no documentation of significant progressive neurological deficits that would support a red flag diagnosis or a change in pathology. Therefore, the need for an additional lumbar spine MRI is not clearly established. As such, the requested magnetic resonance imaging of the lumbar spine without contrast is not medically necessary or appropriate.