

Case Number:	CM13-0060420		
Date Assigned:	12/30/2013	Date of Injury:	02/14/1994
Decision Date:	05/20/2014	UR Denial Date:	11/14/2013
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 Orthopedic Surgery 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 claimant is a 52-year-old female injured in a work-related accident on February 14, 1994. The records available for review document multiple orthopedic injuries, including neck pain, low back pain, bilateral wrist complaints and right knee complaints. During an assessment on December 4, 2013, [REDACTED], a pain management physician, referenced an August 31, 2012, plain film radiograph of the lumbar spine showing minimal degenerative change. No references were made to additional imaging studies. Physical examination of the low back demonstrated normal neurologic function with a normal gait pattern and no gross abnormalities. The records note that the claimant was being treated with chronic pain medication; they contain no reference to other treatments. This is request is for an MRI scan of the low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): Special Studies and Diagnostic, Treatment Considerations.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287, 303.

Decision rationale: The California ACOEM Guidelines support MR imaging of the lumbar spine if objective evidence of nerve compromise exists. The claimant was injured in 1994 and reports chronic complaints. The reviewed records do not document any acute neurological findings on examination or significant change in the claimant's clinical symptoms. ACOEM guidelines do not support the need for an MRI scan in this case. Absent such findings in this case, the MRI scan would not be indicated as medically necessary. The request for a MRI of the lumbar spine is not medically necessary and appropriate.