

Case Number:	CM13-0062469		
Date Assigned:	12/30/2013	Date of Injury:	08/10/1994
Decision Date:	04/16/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	12/05/2013

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 Orthopedic Surgery, and is licensed to practice in Pennsylvania. 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 request is for lumbar MRI imaging. The patient is a 51-year-old UPS worker with an initial date of injury of August 10, 1994. Medical records were reviewed from [REDACTED] office from June 18, 2013 up through December 13, 2013. In his clinical notes of June 8, 2013 through July 23, 2013, the patient was diagnosed with a re-exacerbation of low back pain. Please note upon review of the medical records provided from June through December of 2013, there were no significant changes in the physical examination portion documented in the medical record indicating any advanced radiculopathy or significant change in medical status. The request for MRI was previously denied upon Peer Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar MRI: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. 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): Treatment in Worker's Comp: 18th Edition; 2013 Updates; Chapter Low Back: MRI

Decision rationale: The MTUS ACOEM Guidelines do not apply. According to the Official Disability Guidelines, MRI imaging is recommended for lumbar spine trauma, neurologic deficit, lumbar fracture or radicular findings, or other neurologic deficit. It also can be used for uncomplicated low back pain when there is suspicion of cancer, infection or other red flags with demonstrated radiculopathy. Upon review of this case and the medical records provided, there do not appear to be any significant "red flags" or signs of radiculopathy which would warrant the need for a repeat diagnostic MRI. Although the employee has had previous lumbar surgery, again, there is no clinical documentation to support any significant change in symptomatology or radiculopathy type findings. Based on current ODG Guidelines, the request for lumbar MRI cannot be deemed medically necessary in this case.