

Case Number:	CM13-0070041		
Date Assigned:	06/06/2014	Date of Injury:	06/11/2013
Decision Date:	07/30/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	12/20/2013

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 Internal Medicine and is licensed to practice in New York. 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 56-year-old female who sustained an industrial work injury on 06/11/2013. The mechanism of injury was not provided for review. Her diagnoses include chronic neck pain, right and left shoulder pain, chronic low back pain and complaints of depression, anxiety and sleep difficulty. The treatment has included medication and physical therapy. On exam of the cervical spine, there is muscle guarding with pain with range of motion. Gait is not antalgic. There is no loss of lumbar lordosis but there is muscle guarding present. There is pain with range of motion with paraspinal muscle tenderness to palpation. Motor and sensory exams are normal. The treating provider has requested an MRI (magnetic resonance imaging) of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter on Cervical & Thoracic Spine Disorders, Section MRI.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

Decision rationale: There is no indication for the requested MRI (magnetic resonance imaging) of the lumbar spine. The claimant is maintained on medical therapy and there has been no new neurologic findings or subjective complaints of increased back pain, radiculopathy, bowel or bladder incontinence. There is no reported consideration for any interventional procedures for the treatment of his chronic back condition. There is no specific indication for the requested MRI of the lumbar spine. The medical necessity for the requested service has not been established. As such, the request for MRI lumbar spine is not medically necessary.