

Case Number:	CM13-0070440		
Date Assigned:	01/08/2014	Date of Injury:	08/05/2011
Decision Date:	06/05/2014	UR Denial Date:	11/26/2013
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 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 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 injured worker is a 38 year old male who reported an injury on 08/05/2011 due to a fall. Per the 07/16/2013 clinical note, the injured worker had tenderness to palpation in the lower lumbar paraspinal muscles. Per the 12/03/2013 clinical note, the injured worker reported no changes from the previous visit. Physical exam findings were unchanged. The diagnoses included low back pain, lumbar radiculopathy, neck pain, and left foot and ankle pain. Treatment to date included medications. A previous MRI was performed in 2011. The injured worker was recommended for a repeat MRI of the lumbar spine. The rationale provided was that the last MRI was done in 2011. The request for authorization form for a repeat MRI of the lumbar spine was submitted on 07/24/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

REPEAT MRI OF THE LUMBAR SPINE: 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: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, MRI (magnetic resonance imaging).

Decision rationale: The request for a repeat MRI of the lumbar spine is non certified. Per the 07/16/2013 clinical note, the injured worker had tenderness to palpation in the lower lumbar paraspinal muscles. Per the 12/03/2013 clinical note, the physical exam findings were unchanged. An MRI was previously done in 2011. ACOEM states that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. Imaging studies should be reserved for cases in which surgery is considered or red flag diagnoses are being evaluated. The Official Disability Guidelines further state, a repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. The physical exam findings do not identify any specific nerve compromise or red flag diagnoses. In addition, there is no indication of a significant change in symptoms or findings suggestive of significant pathology that would indicate the injured worker's need for a repeat MRI. The medical records provided fail to establish the necessity for a repeat MRI. As such, the request is not medically necessary.