

Case Number:	CM14-0002436		
Date Assigned:	03/03/2014	Date of Injury:	07/27/2012
Decision Date:	07/03/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/07/2014

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 Tennessee, California, Virginia. 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 33-year-old male who sustained an injury to his low back on 07/27/12 while performing his usual and customary job duties as a shipping/receiving clerk. He was lifting and carrying a box weighing approximately 110 pounds when he injured his low back and right leg. The patient complained of constant low back pain with radiation of pain into the bilateral lower extremities that was aggravated by walking, prolong sitting and standing. EMG of the lumbar spine and bilateral lower extremities dated 10/11/12 revealed no evidence of radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

STANDARD POSITIONAL WEIGHT-BEARING MRI: 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, Standing MRI.

Decision rationale: The Official Disability Guidelines (ODG) states that standing MRIs are not recommended over conventional MRIs. Standing MRIs are under study for patients with

equivocal findings on conventional MRI, for example, they may be valuable in situations where symptomatic radiculopathy is present without any abnormalities demonstrated on conventional MRI. Although these weight-bearing MRI units have shown a greater prevalence of disc bulging with the spine loaded, the information gained in addition to that from standard MRIs has limited value in decision making. Conventional MRI of the lumbar spine (i.e., in the supine position) remains the imaging method of choice for the assessment of degenerative disk disease. Given the clinical documentation submitted for review, medical necessity of the request for standard positional weight-bearing MRI has not been established. Therefore, the request for a standard positional weight-bearing MRI is not medically necessary and appropriate.