

Case Number:	CM14-0008742		
Date Assigned:	02/12/2014	Date of Injury:	10/27/2009
Decision Date:	07/17/2014	UR Denial Date:	12/21/2013
Priority:	Standard	Application Received:	01/21/2014

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 Internal Medicine 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:

This is a 45-year-old female with a 10/27/09 date of injury. 11/6/14 progress report indicates persistent left knee pain, low back pain radiating to the right lower extremity. Physical exam demonstrates lumbar tenderness, limited lumbar range of motion, positive straight leg raise test. The 11/6/13 medical report spelled out that MRIs from all previous doctors are requested; it does not appear that a repeat MRI is actually ordered. Treatment to date has included medication, activity modification, home exercise program. There is documentation of a previous 12/21/13 adverse determination for lack of significant change or progression in objective findings to warrant repeat imaging.

IMR ISSUES, DECISIONS AND RATIONALES

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

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), MRIs (magnetic resonance imaging).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, MRI.

Decision rationale: CA MTUS supports imaging of the lumbar spine in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, failure to respond to treatment, and consideration for surgery. However, there were no unequivocal objective findings that identify specific nerve compromise on the neurologic examination. A change or progression in neurologic findings that would warrant repeat imaging was not documented. The actual 11/6/13 medical report spelled out that MRIs from all previous doctors are requested; it does not appear that a repeat MRI was actually ordered. There is no discussion as to how repeat imaging would alter the further course of diagnostic and therapeutic management. Therefore, the request for MRI OF THE LUMBAR SPINE was not medically necessary.