

Case Number:	CM14-0008941		
Date Assigned:	02/14/2014	Date of Injury:	11/09/2010
Decision Date:	06/24/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	01/23/2014

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 Orthopedic Surgery and is licensed to practice in Mississippi. 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 progress note presented for review indicates this is a 48-year-old individual was injured on November 09, 2010. There are increased complaints of pain in the low back with radiation into the bilateral lower extremities. Sitting has been compromised. Additional pain in the cervical spine is also noted. Previous MRI noted degenerative disc disease at L4/L5 and L5/S1 with no evidence of central or foraminal stenosis or nerve root compromise. The cervical spine MRI noted a small disc lesion at C2-C3 the diagnosis is listed as a sprain of lumbar spine, sprain of the cervical spine which was treated with chronic analgesics. No specific neurologic compromises were identified on physical examination. Subsequent progress notes indicate the pain complaints rated at 10/10.

IMR ISSUES, DECISIONS AND RATIONALES

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

MAGNETIC RESONANCE IMAGES WITHOUT CONTRAST CERVICAL: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), MRI. (ODG) Official Disability Guidelines/Integrated Treatment Guidelines- Disability Duration Guidelines (DDG) - Low Back.- Lumbar & Thoracic (Acute & Chronic).

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

Decision rationale: The records reflect that enhanced imaging studies had been completed and the only findings noted were degenerative changes. The physical examination did not identify any acute exacerbation or changes in the neurologic assessment. Therefore, when consulting the California Medical Treatment Utilization Schedule (CAMTUS), the criterion for a repeat MRI are not met.