

Case Number:	CM14-0014359		
Date Assigned:	02/28/2014	Date of Injury:	09/11/1995
Decision Date:	06/27/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/04/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in Maryland. 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 Physician 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 58-year-old male who sustained an injury to his low back on 9/11/95 while carrying heavy equipment, he turned around and sustained an injury to his low back. He was treated with physical therapy and placed on light duty for six months. MRI lumbar spine dated 12 3407 revealed right discs for complex with moderately severe right foraminal stenosis at L4-5; left disc spur complex with left foraminal entrance encouragement and left S1 nerve root mild effacement at L5 S1. Plain radiographs noted normal lordosis, no evidence of spondylosis, displace narrowing noted L5 S1 and posterior laminectomy at L5.

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 WITH CONTRAST, AS AN OUTPATIENT: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low chapter, MRIs (magnetic resonance imaging)

Decision rationale: The request for MRI of the lumbar spine with contrast, as an outpatient is not medically necessary. The previous request was denied on the basis that a complete

examination of the injured worker and history of the previous treatment including any diagnostics would be helpful to make a determination whether an repeat MRI is indicated at the present time. As there was no clinical examination, medical necessity of the request cannot be substantiated. Physical examination did not note any decreased motor strength, increased reflex or sensory deficits. There was no report of a new acute injury or exacerbation of previous symptoms. There was no mention that a surgical intervention is anticipated. There were no additional significant 'red flags' identified. Given the clinical documentation submitted for review, medical necessity of the request for MRI of the lumbar spine with contrast, as an outpatient has not established. The request is not medically necessary.