MAXIMUS Federal Services

Case Number:	CM14-0017598		
Date Assigned:	04/16/2014	Date of Injury:	10/04/2004
Decision Date:	05/13/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/12/2014

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 New York. 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 man with a date of injury of 10/4/04. He was seen by his primary treating physician on 1/3/14 with complaints of difficulty walking due to pain. He used medications for sleep and self-hygiene. His physical exam showed an antalgic gait, limited strength in his left leg and a tender lumbosacral area. His diagnoses were hip, thigh and lumbosacral sprain/strain. The treatment plan was to continue medications (norco, klonopin, vimovo, lyrica, tramadol, lidoderm patch, and docusate sodium). The physician indicated that it was his 11th request to refer for a lumbar MRI (magnetic resonance imaging) and neurosurgical referral. At issue in this review is the lumbar MRI.

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: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 12, 21.

Decision rationale: This injured worker had an injury with chronic back pain a decade prior. The worker has noted difficulty with ambulation and is taking numerous medications including

narcotics. Per the MTUS, MRI (magnetic resonance imaging) can be useful to identify and define low back pathology in disc protrusion and spinal stenosis. There are no red flag signs noted on his physical exam to warrant additional diagnostic work-up. The records do not substantiate the medical necessity of a lumbar MRI. As such, the request is not certified.