

Case Number:	CM14-0115070		
Date Assigned:	08/04/2014	Date of Injury:	01/22/2010
Decision Date:	09/17/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/21/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 patient is a 57 year old female who was injured on 1/22/2010. The diagnoses are bilateral knees pain and low back pain. There are associated diagnoses of anxiety and depression. The patient had completed PT and acupuncture treatments. The EMG showed bilateral L5-S1 radiculopathy. On 6/5/2014, [REDACTED] PA-C noted subjective complaints of insomnia and a pain score of 8/10 on a scale of 0 to 10. There was an antalgic gait. There were objective findings of positive McMurray test, and tenderness of the knees and lumbar para-spinal muscles. The hand written note was not completely legible but did not show any findings of neuromuscular deficits in the lower extremities. It was noted that there was no change in the physical examination findings. A Utilization Review determination was rendered on 6/19/2014 recommending non certification for MRI of lumbar spine.

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 # 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers Compensation, Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: The ACOEM Guidelines indicate that MRI's can be useful in the evaluation of progressive neurological deficits when less invasive tests are inconclusive. The records did not indicate that there was development of new neurological deficits. The physical examination of the lower extremities and low back was noted to be unchanged from previous findings. The criteria for an MRI of the lumbar spine were not met. As such, the request is not medically necessary and appropriate.