

Case Number:	CM14-0115258		
Date Assigned:	08/06/2014	Date of Injury:	02/10/2009
Decision Date:	09/15/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/23/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 41-year-old gentleman was reportedly injured on February 10, 2009. The mechanism of injury is noted as tripping while carrying a bag of cement. The most recent progress note, dated January 8, 2014, indicates that there are ongoing complaints of low back pain radiating to the bilateral lower extremities. The physical examination demonstrated tenderness and spasm throughout the lumbar spine. Was a positive bilateral straight leg raise test and Kemp's test. There were decreased reflexes at the right lower extremity. Diagnostic imaging studies of the lumbar spine dated October 31, 2011, indicated a disc protrusion at L3 - L4 and L5 - S1. A subsequent MRI the lumbar spine dated September 25, 2013, indicated a spondylolisthesis at L5 and a stress fracture. Previous treatment includes chiropractic care, physical therapy, and epidural steroid injection, a Toradol injection, and psychological counseling. A request had been made for a repeat MRI of the lumbar spine and was not certified in the pre-authorization process on July 7, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of Lumbar Spine- Repeat: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back.

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

Decision rationale: A review of the attached medical record indicates that the injured employee has already had two MRIs of lumbar spine; the most recent of which was less than year ago. There is no documentation of change of the injured employees subjective symptoms or objective findings since that date. Therefore this request for a repeat MRI of the lumbar spine is not medically necessary.