

Case Number:	CM14-0161722		
Date Assigned:	10/07/2014	Date of Injury:	04/13/2010
Decision Date:	11/26/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/01/2014

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 Occupational 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 injured worker is a 59 year old male with a date of injury on 4/13/2010. There are multiple notes about knee and neck problems. There is then a note from 9/14 stating "low back pain is worse." The injured worker had spasms, and decrease in lumbar range of motion. There was "+ sciatica, and + straight leg raising (SLR)." There is a 12/13 note stating the injured worker had had prior lumbar epidural steroid injections (ESI).

IMR ISSUES, DECISIONS AND RATIONALES

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

An MRI for the lumbar spine without contrast as outpatient: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Magnetic Resonance Imaging (MRIs)

Decision rationale: The Official Disability Guidelines (ODG) stated the following regarding MRI: Repeat magnetic resonance imaging (MRI) is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neuro compression, recurrent disc herniation)." There is

indication the injured worker has had a prior lumbar magnetic resonance imaging (MRI); however, it is unclear when it was completed or what the findings were. The current data, however, does not support repeating the lumbar magnetic resonance imaging (MRI). The injured worker's exam findings, as documented, are limited and show no specific findings to suggest lumbar radiculopathy or any other lumbar or spinal condition. Based on the data provided for review, there is no indication to repeat the lumbar magnetic resonance imaging (MRI); therefore, this request is not medically necessary.