

Case Number:	CM14-0166986		
Date Assigned:	10/14/2014	Date of Injury:	12/02/1998
Decision Date:	11/17/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	10/09/2014

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 Internal Medicine 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 claimant is a 51 year old female who sustained an industrial injury on 12/02/1998. The mechanism of injury was not provided for review. Her diagnoses include chronic cervical and lumbar spine pain. She complains of neck and low back pain with radiation into the upper and lower extremities bilaterally. On physical exam there is decreased range of cervical and lumbar range of motion. There is tenderness to palpation of the cervical, mid, and lower paravertebral muscles. There is patchy decreased sensation in the bilateral lower extremities but no defined motor deficits. Treatment consists of medical therapy with Ibuprofen 800mg. The treating provider has requested a MRI of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (Magnetic Resonance Imaging) of the lumbar spine, QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303 and 53.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California MTUS Guidelines, Page(s): Page 304.

Decision rationale: There is no documentation of any specific neurological abnormalities on exam. The claimant is maintained on medical therapy and there has been no new neurologic

findings or subjective complaints of increased back pain, increased radiculopathy, bowel or bladder incontinence. There is no reported consideration for any interventional procedures for the treatment of his chronic back condition. There is no specific indication for the requested MRI of the lumbar spine. Medical necessity for the requested service has not been established. The requested service is not medically necessary.