

Case Number:	CM14-0172138		
Date Assigned:	10/23/2014	Date of Injury:	06/13/2012
Decision Date:	11/21/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/17/2014

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 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:

Medical records reflect the claimant is a 44 year old male who sustained a work injury on 6-13-12. On this date, the claimant injured his head, back and hand when he slipped and fell. Office visit on 8-20-14 notes the claimant has complaints low back pain rated as 8/10. He had decreased range of motion. X-rays and lumbar MRI were requested in preparation for referral to pain management. He noted that the claimant cannot go to pain management for possible epidural steroid injection unless he has MRI that are updated. He had prior studies done two years prior.

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 without contrast material: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Online Edition, Low Back-Lumbar & Thoracic (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter - MRI

Decision rationale: ACOEM notes that MRI is moderately recommended for patients with subacute or chronic radicular pain syndromes lasting at least 4 to 6 weeks in whom the symptoms are not trending towards improvement if both the patient and surgeon are considering prompt surgical treatment, assuming the MRI confirms ongoing nerve root compression. MRI is recommended as an option for the evaluation of select chronic LBP patients in order to rule out concurrent pathology unrelated to injury. This option should not be considered before 3 months and only after other treatment modalities (including NSAIDs, aerobic exercise, other exercise, and considerations for manipulation and acupuncture) have failed. ODG reflects that Indications for imaging include lumbar spine trauma: trauma, neurological deficit. There is an absence in documentation noting that this claimant has radiculopathy on exam. There is no indication of progression of neurological deficits. Additionally, repeated MRI is usually not indicated unless there is significant changes in the neurological status. Therefore, the medical necessity of this request is not established.