

Case Number:	CM14-0179813		
Date Assigned:	11/04/2014	Date of Injury:	08/05/2011
Decision Date:	12/17/2014	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	10/29/2014

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 Preventive Medicine has a subspecialty 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 sustained a work related injury on to the 08/05/2011. The medical records provided indicate the diagnosis of Lumbar spinal stenosis, Lumbosacral Radiculopathy, Intervertebral disc disorder. Treatments have included physical therapy, chiropractic care, acupuncture, Ibuprofen, Tylenol, omeprazole, and injections. The medical records provided for review do not indicate a medical necessity for MRI of The Lumbar Spine without Contrast. The MTUS does not recommend Lumbar MRI without unequivocal objective evidence of nerve compromise on the neurologic examination. The report indicates the previous MRI studies demonstrated presence of spinal stenosis and disc disease; but there was no indication the injured worker has developed serious neurological problems since the last MRI. Therefore, the requested for another MRI is not medically necessary and appropriate as this may result in false positive findings that are not related to the case in question.

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: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: The injured worker sustained a work related injury on to the 08/05/2011. The medical records provided indicate the diagnosis of Lumbar spinal stenosis, Lumbosacral Radiculopathy, Intervertebral disc disorder. Treatments have included physical therapy, chiropractic care, acupuncture, Ibuprofen, Tylenol, omeprazole, and injections. The medical records provided for review do not indicate a medical necessity for MRI of The Lumbar Spine without Contrast. The MTUS does not recommend Lumbar MRI without unequivocal objective evidence of nerve compromise on the neurologic examination. The report indicates the previous MRI studies demonstrated presence of spinal stenosis and disc disease; but there was no indication the injured worker has developed serious neurological problems since the last MRI. Therefore, the requested for another MRI is not medically necessary and appropriate as this may result in false positive findings that are not related to the case in question.