

Case Number:	CM14-0027304		
Date Assigned:	06/13/2014	Date of Injury:	05/22/2013
Decision Date:	07/16/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/04/2014

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 Neurological Surgery and is licensed to practice in California. 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 35-year-old gentleman who was reportedly injured on May 22, 2013. The mechanism of injury is noted as the onset of pain in the lower back while carrying roofing materials. The most recent progress note dated June 2, 2014, indicates there are ongoing complaints of low back pain. The physical examination demonstrated a mildly antalgic gait and tenderness to the paraspinal muscles of the lumbar spine. There was decreased lumbar spine range of motion. Diagnostic imaging studies objectified an L5 - S1 disc protrusion without effect of the thecal sac or traversing nerves. There was a diagnosis of low back pain with a lumbar spine L5 - S1 disc bulge. Previous treatment includes physical therapy the use of a back brace and taking Naprosyn. A request had been made for a lumbar spine MRI and was not certified in the pre-authorization process on February 26, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

REPEAT MRI OF THE LUMBAR SPINE WITHOUT CONTRAST: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter.

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 - Lumbar & Thoracic (Acute & Chronic), Magnetic resonance imaging, Updated June 10, 2014.

Decision rationale: According to the Official Disability Guidelines, a repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. The injured employee does not complain of any significant change in symptoms nor are there any complaints of radicular symptoms. Additionally, there was a recent normal neurological examination. For these reasons, this request for a repeat MRI of the lumbar spine is not medically necessary.