

Case Number:	CM14-0028621		
Date Assigned:	07/16/2014	Date of Injury:	09/17/2006
Decision Date:	08/21/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/06/2014

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 & Rehabilitation and is licensed to practice in Illinois. 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 30-year-old male who reported an injury on 09/17/2006. The diagnosis is thoracic sprain and strain. The documentation indicated the injured worker had previously undergone a magnetic resonance imaging (MRI). Prior treatments included medications and physical therapy as well as weight loss. The documentation of 02/18/2014 revealed the injured worker had a straight leg raise that aggravated pain on the right side down to the knee. The injured worker had poor tolerance to range of motion maneuvers in the thoracic lumbar region. The treatment plan included a repeat MRI. The injured worker indicated he had more pain on his right leg knee associated with numbness and episode of a burning knot on the lateral anterior side of the right thigh when he sits for a long period of time.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of T/Lumbar w/o 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 (ODG), Low Back.

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 Chapter, MRI.

Decision rationale: The Official Disability Guidelines indicate a repeat magnetic resonance imaging (MRI) is appropriate when there is documentation of a significant change in symptoms and/or findings suggestive of significant pathology. The clinical documentation submitted for review failed to provide there was documentation of a significant change or objective findings of a significant pathology. Given the above, the request for MRI of thoracic and lumbar spine without contrast is not medically necessary.