

Case Number:	CM14-0031123		
Date Assigned:	06/20/2014	Date of Injury:	07/25/1997
Decision Date:	07/17/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/12/2014

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 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 is a 58 year old female who sustained an injury to her low back on 07/25/1997 after performing her usual and customary duties as a caregiver. The injured worker rated her pain at 3-7/10 on the visual analog scale. The records indicate that the injured worker reported multiple cervical, right shoulder and right knee surgeries. Current medications include Ibuprofen and Amitriptyline. Physical examination noted deconditioned obesity; slightly antalgic gait; muscle strength 4+/5 throughout the bilateral lower extremities; deep tendon reflexes are 1+ at the knee and Achilles tendons bilaterally; straight leg raising negative. There were no imaging studies provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Imaging (MRI) lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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, MRIs (magnetic resonance imaging).

Decision rationale: The previous request was denied on the basis that there was no evidence of any focal neurological deficits to suspect the need for MRI. There was no report of a new acute injury or exacerbation of previous symptoms. There was no indication that plain radiographs were obtained before the request for more advanced MRI. There was no mention that a surgical intervention was anticipated; there were no physical examination findings of decreased motor strength, increased reflex or sensory deficits. There were no additional significant 'red flags' identified. Given this, the request for MRI of the lumbar spine is not indicated as medically necessary based on Official Disability Guidelines.