

Case Number:	CM14-0033471		
Date Assigned:	06/20/2014	Date of Injury:	04/10/2003
Decision Date:	07/23/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/17/2014

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 Orthopaedic 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 50-year-old male who was reportedly injured on April 10, 2003. The mechanism of injury was reported as a lifting event. The most recent progress note indicated that there were ongoing complaints of all low back pain. The physical examination demonstrated tenderness to palpation and a decreased lumbar spine range of motion. Diagnostic imaging studies (dated August 18, 2008) objectified multiple level degenerative changes in the lumbar spine. A small disc protrusion was noted. Previous treatment included medication and physical therapy. A request had been made for a repeat lumbar spine MRI (magnetic resonance imaging) and was not certified in the pre-authorization process on February 20, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF LUMBAR SPINE WITHOUT CONTRAST: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 12th Edition (web), 2014, Low Back, MRIs.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304, Section Clinical Measures, Diagnostic Investigations (electronically sited).

Decision rationale: When noting the reported mechanism of injury, the actual injury sustained, the minimal change on physical examination noted in the progress note presented for review, there was no new neurological degradation noted that would support seeking a repeat magnetic resonance image (MRI). Therefore, based on the parameters noted in the ACOEM guidelines, the request for MRI of lumbar spine without contrast is not medically necessary.