

Case Number:	CM14-0040968		
Date Assigned:	06/30/2014	Date of Injury:	10/25/2007
Decision Date:	08/21/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/08/2014

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; has a subspecialty in Pain Medicine 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 58-year-old male who reported an injury on 10/25/2007. The mechanism of injury was not specifically stated. The current diagnosis is lumbago. The injured worker was evaluated on 03/17/2014. The injured worker reported persistent lower back pain with left lower extremity pain. Physical examination revealed normal strength in the lower extremities with slight weakness in the left EHL muscle. Treatment recommendations at that time included an L4-5 fusion and an MRI of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat Lumbar MRI (closed high field scanner): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines; Work loss Data Institute LLC; Corpus Christi, TX; www.odg.twc.com; Lumbar&Thoracic (Acute & Chronic) (updated 03/18/2014).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Magnetic Resonance Imaging.

Decision rationale: California MTUS ACOEM Practice Guidelines state if physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultation the selection of an imaging test. The Official Disability Guidelines state indications for imaging include thoracic or lumbar spine trauma with neurological deficit, uncomplicated low back pain with a suspicion for red flags, uncomplicated low back pain with radiculopathy after 1 month of conservative treatment, or myelopathy. As per the documentation submitted, a repeat MRI was requested to assess whether surgery is indicated. However, there is no documentation of a significant functional deficit. There is no evidence of a musculoskeletal or neurological deficit upon physical examination. There is no indication that this injured worker's surgical procedure has been authorized. As the medical necessity for a repeat MRI has not been established at this time, the current request is not medically necessary.