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| Case Number: | CM14-0040985 | | |
| Date Assigned: | 06/27/2014 | Date of Injury: | 01/19/2009 |
| Decision Date: | 08/14/2014 | UR Denial Date: | 03/20/2014 |
| Priority: | Standard | Application Received: | 04/01/2014 |

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 and Rehabilitation, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of 1/19/09. A utilization review determination dated 3/20/14 recommends non-certification of MRI lumbar spine. 3/11/14 medical report identifies low back pain. She was previously treated with ESI. Prior MRI was said to be from 2009. She is walking with a cane. On exam, there is limited ROM (range of motion) with mild pain towards terminal ROM.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Bilateral Lumbar Spine without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, MRIs (magnetic resonance imaging).

Decision rationale: CA MTUS and ACOEM state that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and would consider surgery an option. Specific to repeat MRI, ODG states that repeat MRIs are not routinely recommended,

and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (tumor, infection, fracture, neurocompression, recurrent disc herniation). Within the documentation available for review, there is no identification of any red flags, symptoms/findings suggestive of radiculopathy, or a significant change in symptoms and/or findings suggestive of significant pathology. In the absence of such documentation, the currently requested MRI Bilateral Lumbar Spine without contrast is not medically necessary.