

Case Number:	CM14-0073663		
Date Assigned:	07/16/2014	Date of Injury:	11/16/2010
Decision Date:	09/18/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/20/2014

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, and is licensed to practice in Nevada. 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 69 year-old female who was reportedly injured on 11/16/2010. The mechanism of injury is not listed. The most recent progress note dated 03/11/2014 indicates that there are ongoing complaints of low back pain. No physical examination was reported/document on the status service. The recent diagnostic studies are available for review is noted individual has had a lumbar magnetic resonance image (MRI) dated 09/2013. Previous treatment includes medications, physical therapy, and conservative treatment. A request was made for MRI of the lumbar spine, and was not certified in the pre-authorization process on 04/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbar spine without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303,Chronic Pain Treatment Guidelines.

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

Decision rationale: The ACOEM guidelines support a magnetic resonance image (MRI) of the lumbar spine for patients with subacute or chronic radiculopathy lasting at least 4 to 6 weeks if symptoms are not trending towards improvement, and if both the patient and surgeon are considering prompt surgical treatment, assuming the MRI confirms ongoing nerve root

compression. Review of the available medical records show radiculopathy or significant changes since previous MRI dated 09/2013. As such, the request is not considered medically necessary.