

Case Number:	CM14-0086412		
Date Assigned:	07/23/2014	Date of Injury:	05/02/2005
Decision Date:	09/08/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	06/10/2014

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 records, presented for review, indicate that this 66-year-old individual was reportedly injured on May 2, 2005. The mechanism of injury was noted as moving boxes. The most recent progress note, dated August 11, 2014, indicated that there were ongoing complaints of low back pain. The physical examination demonstrated a decreased lumbar spine range of motion, tenderness to palpation and tenderness over the left lateral hip. Muscle skeletal guarding was noted, and there was no loss of sensation noted in the lower extremity. Diagnostic imaging studies objectified multiple level degenerative joint disease, multiple level facet changes, and multiple level spinal arthritis. Previous treatment included acupuncture, multiple medications, physical therapy, and pain management techniques. A request had been made for an MRI of the lumbar spine and was not certified in the pre-authorization process on May 13, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic resonance imaging (MRI) of the lumbar spine.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines MRI of the lumbar spine.

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

Decision rationale: When noting the date of injury, the mechanism of injury, the findings on physical examination and the complaints of increased discomfort, there is no clear clinical indication of any progressive neurological deficit, cauda equina syndrome or significant trauma. Therefore, the standards for a repeat MRI are not established in the progress notes presented for review. As such, the request is not medically necessary.