MAXIMUS Federal Services

Case Number:	CM14-0092028		
Date Assigned:	09/25/2014	Date of Injury:	09/12/2009
Decision Date:	11/04/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/18/2014

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 Interventional Spine 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 patient is a 64 year old male with an injury date of 09/12/09. The sole report provided is dated 02/05/14, which states that the patient presents with difficulty with sleep, anxiety, and depression. Examination reveals no significant deficiencies. The patient's diagnoses include: Sleep disorder, Atypical chest pain, Orthopedic diagnosis, and Psychiatric diagnosis deferred.The utilization review being challenged is dated 05/27/14. The rationale is that MRI is not indicated in the absence of red flags of serious spinal pathology. Only one report was provided dated 02/05/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Lumbar Spine without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter; MRI

Decision rationale: The patient presents with sleep difficulty, anxiety and depression. The treater requests for a decision for MRI lumbar spine. ODG guidelines Low Back Chapter MRI Topic, state that, "MRI's are test of choice for patients with prior back surgery, but for uncomplicated low back pain, with radiculopathy, not recommended until after at least one month conservative therapy, sooner if severe or progressive neurologic deficit. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation)."In this case, the file for review contained only one progress report dated 2/5/14. This reports states, "orthopedic diagnosis deferred to [redacted]." There is no discussion regarding the requested MRI. There is no new injury, significant change in clinical presentation, no prior lumbar surgery, and no red flags such as infection, tumor, and dislocation/fracture suspicions to consider an MRI. There is no discussion as to the prior MRI. The request is not medically necessary.