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| Case Number: | CM14-0124091 | | |
| Date Assigned: | 08/08/2014 | Date of Injury: | 03/01/2011 |
| Decision Date: | 01/06/2015 | UR Denial Date: | 07/24/2014 |
| Priority: | Standard | Application Received: | 08/06/2014 |

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 Family 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:

This injured worker's date of injury is 03/01/2011. This patient receives treatment for chronic low back pain, specifically, low back pain with sciatica with loss of sensation on exam in the L5 distribution on the right and L4 distribution on the left. Medical documentation regarding the original injury was not included. The clinical note dated 03/14/2014 states that on exam there is a positive SLR test on both legs. The treating physician states that the patient's sciatica is persisting. Lumbar plain films show some tilting and an L5-S1 abnormality.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Lumbar Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: This patient has chronic low back pain with radiation of symptoms down both lower extremities. There is no documentation regarding the mechanism of the injury, the type of treatment(s) tried and failed, nor a complete clinical description of the patient's problem; that is, the motor and reflex examinations. There is no discussion what has changed since the

original injury that would warrant an MRI study at this time. The treating physician's rationale for the MRI is to know what is causing the sciatica. MRI examinations when performed in the setting of limited clinical information and limited clinical diagnoses may yield findings of dubious clinical value, which, in turn, may lead to unnecessary surgical interventions. An MRI of the lumbar spine is not clinically indicated. The request is not medically necessary and appropriate.