

Case Number:	CM14-0173923		
Date Assigned:	10/27/2014	Date of Injury:	08/16/2011
Decision Date:	01/13/2015	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/22/2014

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 Occupational 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 individual is a 31 years /old male who developed persistent low back pain subsequent to an injury dated 8/16/11. He is reported to have had a lumbar MRI in late '11 which revealed a right sided L4-5 disc protrusion. He is has been treated with physical therapy, acupuncture and epidural injections with minimal benefit. He pain is reported to be VAS scoring from 3-7/10. He is currently receiving Norco, Ambien and multiple compounded topical/patches. No changes in function are reported. For several months there is reported to be left lower extremity numbness, but no neurological exam is documented during this time period.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of lumbar spine without contrast: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 25. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, MRI

Decision rationale: MTUS Guidelines state that a reasonable standard of medical evaluation is necessary to justify medical treatment or testing. The requesting physician does not meet this

standard. MRI studies are requested to evaluate for lumbar nerve compression, but there is a grossly inadequate examination performed and there is the lack of a reasonably detailed medical history. In addition ODG Guidelines do not recommend repeat MRI studies unless there is a significant change in neurological signs and symptoms. The requesting physician does not document a significant change in signs and symptoms. Under these circumstances the requested repeat MRI is not consistent with Guidelines and is not medically necessary.