

Case Number:	CM14-0204338		
Date Assigned:	12/16/2014	Date of Injury:	01/18/2013
Decision Date:	01/31/2015	UR Denial Date:	11/27/2014
Priority:	Standard	Application Received:	12/08/2014

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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 68 year old female with date of injury 1/18/13. The mechanism of injury is stated as a fall. The patient has complained of low back pain since the date of injury. She has been treated with acupuncture, medications and physical therapy. There are no radiographic reports included for review. Objective: decreased and painful range of motion of the lumbar spine, tenderness to palpation of the bilateral lumbar spine musculature, decreased sensation to light touch in the L5 dermatome on the right. Diagnoses: spondylosis lumbar spine, lumbar spinal stenosis. Treatment plan and request: MRI of the lumbar spine.

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: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low back complaints Page(s): 303.

Decision rationale: This 68 year old female has complained of low back pain since date of injury 1/18/13. She has been treated with acupuncture, medications and physical therapy. The

current request is for MRI of the lumbar spine. Per the MTUS guidelines cited above, unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. This patient had imaging (MRI of the lumbar spine) performed in 10/2013. There have been no changes on physical examination documented since that time and no documentation of any new trauma or incident to warrant repeat imaging. Furthermore, the rationale for obtaining repeat imaging is not documented. On the basis of the available medical records and per the MTUS guidelines cited above, MRI of the lumbar spine is not indicated as medically necessary.