

Case Number:	CM14-0050135		
Date Assigned:	07/07/2014	Date of Injury:	04/15/2008
Decision Date:	01/07/2015	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	04/17/2014

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 & Rehabilitation, has a subspecialty in Pain Management 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 is a patient with a date of injury of 4/15/08. A utilization review determination dated 3/12/14 recommends non-certification of lumbar MRI. 3/7/14 medical report identifies neck and low back pain. There is numbness to the legs and exacerbation of low back pain. He has to take 3 oxycodone 5 mg tablets per day to find some relief. Pain is 6/10. On exam, there is decreased ROM and tenderness. MRI was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI lumbar w/o contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, MRIs (magnetic resonance imaging)

Decision rationale: Regarding the request for lumbar MRI, CA MTUS does not address repeat MRIs. ODG states that repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neuro-compression, recurrent disc herniation). Within the documentation

available for review, there is noted to be some increased pain as of late, but no clear indication of any significant pathology or another clear rationale for the study given that there are no abnormal neurological findings on exam or other red flags present. In light of the above issues, the currently requested lumbar MRI is not medically necessary.