

Case Number:	CM13-0042623		
Date Assigned:	12/27/2013	Date of Injury:	05/19/1988
Decision Date:	12/24/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/31/2013

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 and is licensed to practice in New York. 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 claimant is a 63 year old male who sustained an industrial injury on 05/19/1998. The mechanism of injury was not documented in the medical records submitted for this request. His diagnoses are lumbar discopathy with disc displacement, lumbar radiculopathy, and carpal tunnel syndrome. He continues to complain of low back pain that radiates to the right leg with associated numbness and tingling. On examination there is a well-healed incision of the lumbar spine. There is tenderness to palpation over the bilateral sacroiliac joints, Faber's test and Patrick's test were positive. Treatment in addition to surgery has included medical therapy. The treating provider has requested an 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:

Magnetic Resonance Imaging (MRI) of the Lumbar Spine with [REDACTED] RFA 10/01/13:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 304.

Decision rationale: The documentation indicates the claimant has chronic low back pain. There is no documentation of any significant change in his complaints or exam. He is maintained on medical therapy and there has been no new neurologic findings or subjective complaints of increased back pain, radiculopathy, bowel or bladder incontinence. There is no reported consideration for any interventional procedures for the treatment of his chronic back condition. There is no specific indication for the requested MRI of the lumbar spine. Medical necessity for the requested service has not been established. Therefore the request is not medically necessary.