

Case Number:	CM14-0126481		
Date Assigned:	08/13/2014	Date of Injury:	06/30/2008
Decision Date:	10/16/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	08/09/2014

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 and Rehabilitation, has a subspecialty in Pain 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:

The injured worker is a 57 year-old female with a date of injury of 6/30/2008. The patient's industrially related diagnoses include lumbago with lower extremity radiculopathy. Conservative therapy has included epidural steroid injections. The disputed issues are for an updated MRI lumbar spine prior to surgical evaluation. A utilization review determination on 7/11/2014 had noncertified this request. Several key piece of information were missing from the documents provided including previous MRI results, as well as comprehensive neurological exam showing functional deficits. The stated rationale for the denial was lack of clear documentation to support the medical necessity for a repeat MRI.

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): 300-303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, MRI Guidelines

Decision rationale: In a progress note on date of service 4/28/2014, is documentation of "no neurologic deficits in the lower extremities." The ACOEM guidelines specify that MRI is indicated in cases of unequivocal neurologic dysfunction that has failed to respond to conservative treatments in patients who would consider surgery. Although this is a remote injury, and the patient likely has undergone previous courses of physical therapy, there is no commentary on what physical therapy the patient has undergone in the past. Furthermore, there is no commentary on when the last MRI of the lumbar spine was done for this patient and what the result was. There should be documentation of a significant interval change in pathology to warrant a repeat MRI. Given these factors, this request is not medically necessary.