

Case Number:	CM14-0128328		
Date Assigned:	08/15/2014	Date of Injury:	08/02/2012
Decision Date:	09/26/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	08/12/2014

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 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 8/2/12. A utilization review determination dated 7/9/14 recommends non-certification of lumbar MRI. The patient previously underwent MRI in February of 2014. 6/30/14 medical report identifies no improvement after radiofrequency 2 weeks earlier. On exam, there is limited lumbar ROM with tenderness and pain reproduction in extension. The 2/18/14 lumbar MRI was reviewed and an updated lumbar MRI was requested to evaluate the etiology of the persistent pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Magnetic Resonance Imaging (MRI): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 303-304.

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 the repeat MRI. ODG cites 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, neurocompression, recurrent disc herniation). Within the

documentation available for review, a previous MRI was done approximately 4 months prior to the request and there is no indication of a significant change in symptoms/findings supportive of the need for an updated MRI. In the absence of such documentation, the currently requested lumbar MRI is not medically necessary.