

Case Number:	CM14-0146616		
Date Assigned:	09/12/2014	Date of Injury:	01/18/2013
Decision Date:	11/03/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/09/2014

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 Orthopedic Surgery 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 claimant is a 47 year old who injured the neck and low back in a work related accident on 01/18/13. The medical records provided for review specific to the claimant's low back included the 08/11/14 progress report describing mid and low back pain with no radicular complaints. Examination on that date showed tenderness to palpation into the thoracic and lumbar spine, full range of motion, and no documented neurologic findings. There was no documented sensory motor or reflexive change. Conservative treatment was documented to include physical therapy, home exercise program, medication management and chiropractic care. The report of an MRI of the lumbar spine dated 03/01/13 revealed disc bulging at the L5-S1 level with no compressive pathology. Plain film radiographs also reviewed from 07/11/14 showed mild disc space narrowing at L5-S1. Based on the claimant's continued subjective complaints of low back pain, the recommendation was made for a repeat lumbar MRI.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287.

Decision rationale: Based on the California ACOEM Guidelines, the request for a lumbar MRI is not recommended as medically necessary. The documentation provided for review indicates that the claimant's clinical and chronic complaints of the low back are axial in nature with no documentation of radiculopathy. The claimant's physical examination fails to demonstrate any evidence of neurologic findings. The claimant has already undergone a lumbar MRI on 03/01/13. Without significant change in the claimant's symptoms since the prior MRI or objective findings on physical examination indicating radiculopathy, the request for a repeat MRI study would not be indicated.