

Case Number:	CM14-0172364		
Date Assigned:	10/23/2014	Date of Injury:	11/26/2007
Decision Date:	11/25/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/17/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 53 year old female with an injury date of 11/26/07. Based on the 09/10/14 progress report provided by [REDACTED], the patient complains of pain in the low back and right knee. She has tenderness, spasm, numbness, and positive straight leg raise. The patient had MRI on lumbar spine, L4-5, on 08/03/12. The 04/04/14's mammogram on right knee and lumbar spine showed chronic degenerative changes on lumbar spine. Her diagnoses include the following: 1. cervical, thoracic, lumbar spine spasm, 2. bilateral shoulder impingement, 3. femoral arthritis, 4. carpal and cubital tunnel syndrome. [REDACTED] is requesting a MRI on lumbar spine. The utilization review determination being challenged is dated 09/19/14. [REDACTED] is the requesting provider and he provided treatment reports from 02/25/14-09/10/14. The progress report is handwritten and difficult to read.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Spine: lumbar: 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 ODG) MRI Low Back - Lumbar & Thoracic (Acute & Chronic) chapter

Decision rationale: This patient presents with low back and right knee pain. The request is for magnetic resonance imaging of the lumbar spine. The reports were hand-written and difficult to decipher but the treater mentions in 09/10/14 report that the patient had an MRI on lumbar spine on 08/03/12. For treatment history the treater states that the patient only got temporary benefits from doing physical therapy and acupuncture over the last 6 years and pain still remains. Regarding MRI studies, ODG recommends obtaining an MRI for uncomplicated low back pain with radiculopathy after 1 month of conservative therapy, sooner if severe or progressive neurologic deficit. ODG guideline further states "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)." In this case, the patient already has an MRI from 2012. Currently, there are no red flags such as suspicion for infection/tumor/fracture/dislocation; no bowel/bladder problems; no progressive neurologic deficit(s) and no new injury or significant change in clinical presentation to warrant a new MRI. The patient is not post-operative either. Recommendation is for denial.