

Case Number:	CM14-0183905		
Date Assigned:	11/10/2014	Date of Injury:	06/17/1996
Decision Date:	12/15/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	11/05/2014

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 & Rehabilitation, and is licensed to practice in Texas. 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:

Medical records reflect the claimant is a 69 year old female who sustained a work injury on 6-17-96. Office visit on 10-1-14 notes the claimant has worsening of her back pain with pain shooting down her legs. The claimant had decreased range of motion. Medical Records reflect the claimant is status post C3-C7 discectomy and fusion, status post C6-T1 discectomy and fusion, status post lumbar laminectomy, discectomy and fusion L3 to S1, status post left t shoulder replacement and status post bilateral hip replacement.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (Magnetic Resonance Imaging) without contrast material, 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 (ODG), Treatment Index, 11th Edition (web), 2014, Low Back, MRI's (Magnetic Resonance Imaging)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004): Lumbar spine Chapter - Diagnostic Investigations, MRI.

Decision rationale: ACOEM notes MRI is recommended as an option for the evaluation of select chronic LBP patients in order to rule out concurrent pathology unrelated to injury. This option should not be considered before 3 months and only after other treatment modalities (including NSAIDs, Aerobic Exercise, Other Exercise, considerations for manipulation and Acupuncture) have failed. There is an absence in objective documentation to support pathology for the requested MRI. The claimant has had same complaints without change. There are no physical exam findings to support "red flags" or nerve root compression. Therefore, the medical necessity of this request is not established.