

Case Number:	CM14-0099169		
Date Assigned:	09/16/2014	Date of Injury:	02/19/2012
Decision Date:	10/20/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	06/27/2014

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 records, presented for review, indicate that this 71 year old gentleman was reportedly injured on February 19, 2012. The most recent progress note, dated May 22, 2014, indicated that there were ongoing complaints of bilateral hips pain. Current medications include Metformin, Glipizide, Ultracet, Anaprox, and Prilosec. The physical examination revealed the patient had ambulation with the assistance of a cane. Diagnostic imaging studies of the lumbar spine, dated May 3, 2013, revealed disc degeneration at L3 to L4 and L4 to L5 with a broad based posterior disc protrusion and facet arthropathy. There was also a disc degeneration and bulging at L2 to L3 and L5 to S1. Previous treatment included oral medications. A request was made for an MRI of the lumbar spine and was not certified in the preauthorization process on June 16, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of lumbar spine (lower back) as an outpatient: 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.

Decision rationale: A review of the medical records indicates that the injured employee has had a prior MRI of the lumbar spine on May 3, 2013. There are no abnormal neurological findings

on recent physical exam to justify repeat imaging of the lumbar spine. Considering this, the request for a repeat lumbar spine MRI is not medically necessary