

Case Number:	CM14-0214395		
Date Assigned:	01/07/2015	Date of Injury:	10/01/2002
Decision Date:	02/19/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 female patient has complained of low back pain with intermittent right lower extremity pain since date of injury 10/1/2002. The mechanism of injury is not stated in the available medical records. The patient has been treated with physical therapy and medications. There are no radiographic reports included for review. Objective: decreased and painful range of motion of the lumbar spine, tenderness to palpation of the mid lumbar spine. Diagnoses: low back pain with sciatica. Treatment plan and request: MRI of the low back in high resolution.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of low back in high resolution: 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), Low Back, MRI

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: This female patient has complained of low back pain with intermittent right lower extremity pain since date of injury 10/1/2002. The mechanism of injury is not stated in the available medical records. The patient has been treated with physical therapy and medications. The current request is for MRI of the low back with high resolution. Per the MTUS guidelines cited above, unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. There is no objective evidence of specific nerve compromise documented in this patient. This patient had imaging (MRI of the lumbar spine) performed in 2013 (results not specified). There have been no changes on physical examination documented since that time and no documentation of any new trauma or incident to warrant repeat imaging. On the basis of the available medical records and per the MTUS guidelines cited above, MRI of the low back with high resolution is not indicated as medically necessary.