

Case Number:	CM14-0154960		
Date Assigned:	09/25/2014	Date of Injury:	02/24/2009
Decision Date:	11/06/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/22/2014

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. The expert reviewer is Board Certified in Occupational 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:

This patient is a 39 year old female who has developed a wide spread chronic pain syndrome subsequent to a slip and fall on 2/24/09. She has pain spinal pain with the lumbar component rated at a 2-6 depending upon activity levels. The pain is described to radiate into the buttocks and feet bilaterally. No muscle or reflex loss is noted. On the right side a diminished sensation to light touch is noted in the L4 distribution. A prior MRI has been performed in 2009 according to the requesting physician, but the requesting physician does not review the results. There was another MRI performed on 4/12/14 that is not acknowledged by the requesting physician. The '14 MRI revealed disc protrusions affecting the L4 and L5 nerve roots. There is no documentation of what symptoms may be recent or changing. No red flag conditions are noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI 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 Low Back Chapter MRI's (Magnetic Resonance Imaging)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-303. Decision based on Non-MTUS Citation Low Back, Magnetic Resonance Imaging

Decision rationale: MTUS Guidelines supports MRI scanning if red flag conditions develop or there is the need for procedural planning. Neither of these circumstances is documented. In addition, ODG Guidelines specifically discuss the appropriate use of repeat MRI scans and repeat scanning is not recommended unless there is a definitive change in neurological status. This has not been established. At this point in time documentation does not support the requested MRI to be consistent with Guideline standards and there are no unusual circumstances to justify an exception to Guidelines. The requested Lumbar MRI is not medically necessary.