

Case Number:	CM14-0102480		
Date Assigned:	07/30/2014	Date of Injury:	12/30/2012
Decision Date:	10/10/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	07/02/2014

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 49 year old male with date of injury 12/20/12 that reports a mechanism of injury as the patient was loading and unloading water and mops from 1 bucket to another. The treating physician report dated 5/23/14 indicates that the patient presents with left shoulder pain that is improving, neck pain that is occasional and described as stabbing pain and continued constant lower back pain. The physical examination findings state, "Tender cervico lumbar paravertebral, mild to moderate improvement to c/s, no change." MRI report dated 5/10/13 of the lumbar spine states there are disc bulges at L1/2, L4/5 and L5/S1. MRI of the lumbar spine dated 11/20/13 states L2/3 disc protrusion, L4/5 disc protrusion and L5/S1 3mm disc osteophyte complex. The current diagnoses are: 1.C/S, L/S sprain/strain2.Left shoulder painThe utilization review report dated 6/3/14 denied the request for MRI of the lumbar spine based on lack of medical evidence for repeat MRI.

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 Treatment Index, 11th Edition (Web) 2013, Low Back, MRIs

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Online Lumbar chapter, MRIs (magnetic resonance imaging)

Decision rationale: The patient presents with constant lower back pain. The current request is for MRI of the lumbar spine. The hand written treating physician report dated 5/23/14 does not provide any insight as to why the patient requires a third lumbar MRI. The objective findings do not show any progressive neurological deficits or red flags to indicate a need for a repeat MRI. There is no documentation of any suspicion of cancer or infection and there is no signs of cauda equine syndrome. The ACOEM and MTUS guidelines do not address repeat MRI scans. The ODG guidelines state, "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 treating physician has failed to document any findings that would warrant a repeat MRI. Recommendation is for denial.