

Case Number:	CM14-0174614		
Date Assigned:	10/27/2014	Date of Injury:	05/01/1997
Decision Date:	04/20/2015	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/21/2014

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker is a 58-year-old male, who sustained an industrial injury on 05/01/1997. He has reported subsequent back and lower extremity pain and was diagnosed with lumbar disc disease and radiculopathy. Treatment to date has included oral pain medication and surgery. In a progress note dated 06/26/2014, the injured worker complained of back pain and gluteal pain. No abnormal objective examination findings were documented. The physician noted that an updated MRI of the lumbar spine was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI 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, 11 Edition (web), 2014, Low Back MRI's.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low back chapter, MRI.

Decision rationale: Per the 08/13/14 report, the patient presents with progressively worsening back pain. Examination reveals decreased sensation following the L5-S1 dermatomal distribution. He is s/p lumbar fusion reconstruction in 2006. The 10/21/14 reports pins and needles sensation in the lower extremities. The current request is for MRI of the lumbar spine. The RFA is not included. The report does not state if the patient is working. ODG guidelines Low Back Chapter MRI Topic, state that, "MRI's are test of choice for patients with prior back surgery, but for uncomplicated low back pain, with radiculopathy, not recommended until after at least one month conservative therapy, sooner if severe or progressive neurologic deficit. 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)." The treating physician states on 05/29/14 that the patient is awaiting an updated MRI lumbar and mentions a prior MRI lumbar from April 2011. The reports do not provide a reason for this request other than an updated MRI. The reports provided for review do provide clinical evidence of radicular symptoms. The patient does have a history of lumbar surgery; however, the most recent MRI scan was obtained after this surgery. Repeat MRIs are reserved for a significant change of symptoms or significant pathology such as tumor, infection, fracture, neurocompression or recurrent disc herniation, and no clinical evidence is provided for these conditions. Therefore, the request is not medically necessary.