

Case Number:	CM14-0183726		
Date Assigned:	11/10/2014	Date of Injury:	09/09/1997
Decision Date:	08/14/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/05/2014

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 64 year old male, who sustained an industrial injury on September 9, 1997. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as having lumbosacral spondylosis without myelopathy. Treatment to date has included diagnostic studies, facet medial branch blocks, successful cortisone injections and medication. On July 29, 2014, the injured worker complained of severe, chronic low back pain. His pain was noted to be managed well with medial branch blocks, which provide him with greater than 90% relief for at least three months. Physical examination of the lumbar spine revealed tenderness to palpation at L4-5. The treatment plan included follow-up as needed, medications, RFA L3 L4 dorsal ramus L5 bilaterally and intraarticular injection bilateral L3, 4 and 5. On October 23, 2014, Utilization Review non-certified the request for MRI of the lumbar spine without contrast, citing California MTUS ACOEM Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Lumbar spine w/o contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: The claimant has no history of a work injury occurring in September 1997 and continues to be treated for chronic back pain. Treatments have included medial branch blocks and radiofrequency ablation with benefit. An MRI is referenced as showing intra-articular facet edema. When seen, he was having increasing pain. His BMI was over 36. There was lumbar facet tenderness which was increased with extension and side bending. There was a normal neurological examination. Guidelines indicate that a repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation). In this case, there is no apparent significant change in symptoms or findings suggestive of significant new pathology with a normal neurological examination. The requested MRI was not medically necessary.