

Case Number:	CM14-0200765		
Date Assigned:	12/11/2014	Date of Injury:	03/05/2002
Decision Date:	01/30/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/01/2014

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 Internal 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 is a 59 year old male who sustained an industrial injury on 3/5/2002. The cause of injury was not documented in the submitted medical record. His current diagnoses consist of lumbar disc herniation/stenosis/bilateral radiculopathy, left shoulder rotator cuff tendonitis/impingement, anxiety, depression and insomnia. Current treatments consist, a MRI 2/12/10, physical therapy, acupuncture, chiropractic care, lumbar injections and medications which gave little relief. The injured working is current being prescribed Norco for pain and the treating physician has recommended Ambien for sleep. The pain medication was noted to give some relief. According to the most recent progress note submitted the injured worker lower back pain is progressively worsening. Upon examination the treating physician noted spasms and tenderness of the lumbar muscles. The examination also revealed restricted lumbar range of motion. The injured worker is out of work due to injury. The treating physician also recommended additional lumbar injections and another request for Ambien. At this time the treating physician is requesting a repeat MRI of the lumbar. This request was denied by the reviewing physician at UR on 11/24/2014. The request for a repeat MRI of the lumbar was denied by the reviewing physician using CA MTUS ACOEM Chapter 12 Low Back Complaints and ODG: Low Back, Lumbar and Thoracic, imaging of the low back should be reserved for cases in which surgery is considered the submitted documentation did not support the need for additional testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat lumbar MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar and Thoracic

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 Section, MRI.

Decision rationale: Pursuant to the Official Disability Guidelines, repeat MRI evaluation lumbar spine is not medically necessary. Repeat MRIs are 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, compression, recurrent disc herniation). The Official Disability Guidelines enumerate indications for magnetic resonance imaging. For details see the guidelines. In this case, the injured worker's working diagnoses are lumbar disc herniation/stenosis/bilateral radiculopathy; left shoulder rotator cuff tendinitis/impingement; anxiety and depression; and insomnia. The documentation in the medical record indicates the injured worker had an MRI of the lumbar spine August 7 of 2007 and February 12, 2010. The dates were provided by the treating physician, however, the reports were not present in the medical record. The subjective complaints in the November 4, 2014 progress note indicates the low back pain is worse. Pain increases with prolong sitting, standing walking and repetitive bending twisting and lifting. There are spasms and tenderness of the lumbar paraspinal muscles. There is no neurologic examination, deficit, motor weakness or sensory deficit noted in the documentation. Consequently, repeat MRIs are not routinely recommended and the documentation does not support a significant change in symptoms and/or findings suggestive of significant pathology. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, repeat MRI evaluation lumbar spine is not medically necessary.