

Case Number:	CM14-0214981		
Date Assigned:	01/07/2015	Date of Injury:	06/04/2011
Decision Date:	02/20/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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: Family Practice

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 58 year-old woman who was injured at work on 6/4/2011. The injury was primarily to her back. She is requesting review of denial for a repeat MRI of her lumbar spine. Medical records corroborate ongoing care for her injuries. These records indicate that her chronic diagnosis is: Lumbosacral Radiculitis. She had an MRI of the lumbar spine on 7/5/2013 that corroborated the L5-S1 disc bulge. Her last documented office examination was on 11/24/2014. She had persistent low back pain. There was no evidence of a significant change in the nature of her symptoms. In the Utilization Review process MTUS/ACOEM Guidelines were cited in the assessment of this request. The rationale for denial was that there was no objective evidence provided of a significant change from the time of the last MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI for the lumbar spine Qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment for Workers' Compensation, Online Edition Chapter: Low Back Lumbar and Thoracic (Acute and Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 287-326; Table 12-3.

Decision rationale: The MTUS/ACOEM Guidelines comment on the use of imaging studies for patients with low back complaints. The Chapter on Low Back Complaints states that the treating physician should assess for signs of red flags which suggest neurologic compromise. These red flags include patient's symptoms and findings on the neuromuscular physical examination. The Chapter also describes the evaluation of slow-to-recover patients with occupational low back complaints. In this case, the patient had an MRI of the lumbar spine in 7/2013 with specific findings of a disc bulge. There is no objective evidence in the records to indicate that the patient is experiencing any substantive change in her symptoms since the prior MRI was performed. There are no red flag signs documented in the medical records that justify repeat MRI. Under these conditions, an MRI of the lumbar spine is not medically necessary.