

Case Number:	CM14-0217449		
Date Assigned:	01/07/2015	Date of Injury:	08/05/2011
Decision Date:	04/10/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	12/29/2014

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: Preventive Medicine, Occupational Medicine

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 39-year-old male, who sustained an industrial injury on 8/5/2011. The diagnoses have included low back pain, lumbar degenerative disc disease, lumbar radiculopathy, neck pain and left foot and ankle pain. Treatment to date has included medication. According to the Primary Treating Physician's Progress Report dated 12/2/2014, the injured worker stated that his pain level was 2/10 to 3/10 with medications. The last urine drug screen was noted of be consistent. Current medications included Norco, Flexeril, Prilosec and Flector patches. Objective findings revealed deep tendon reflexes 2+ on the right patella, 1+ on the left patella and tenderness to palpation in the paralumbar muscles. It was noted that undated lumbar magnetic resonance imaging (MRI) showed a right S1 perineural cyst with associated chronic enlargement of the right S1 neural foramen. The discussion/plan noted that there was a reflex asymmetry noted with decreased patellar reflex on the left as compared to the right. Authorization was requested for lumbar magnetic resonance imaging (MRI) for further imaging evaluation. On 12/19/2014, Utilization Review (UR) non-certified a request for repeat Magnetic Resonance Imaging (MRI) of the lumbar spine. The Medical Treatment Utilization Schedule (MTUS) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat MRI of the lumbar spine: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 297, 303, 304, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back chapter, MRI (magnetic resonance imaging) section.

Decision rationale: The MTUS Guidelines do not recommend the routine use of MRI with low back complaints. MRI should be reserved for cases where there is physiologic evidence that tissue insult or nerve impairment exists, and the MRI is used to determine the specific cause. MRI is recommended if there is concern for spinal stenosis, cauda equine, tumor, infection or fracture is strongly suspected, and x-rays are negative. The ODG recommends repeat MRI when there is significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation). The requesting physician explains that the previous MRI of the lumbar spine was approximately three years ago, and the injured worker has new findings on exam. There is a reflex asymmetry with decreased patellar reflex on the left as compared to the right. The MRI is desired to further evaluation prior to considering spinal intervention. The request for repeat MRI of the lumbar spine is determined to be medically necessary.