

Case Number:	CM14-0047496		
Date Assigned:	07/02/2014	Date of Injury:	06/04/2010
Decision Date:	02/26/2015	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/15/2014

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: New Jersey, New York
 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:

This is a 37 year old injured worker with a date of injury of June 4, 2010. The injury was noted to be from unloading trailers as well as having several heavy objects fall on top of him. Diagnoses include lumbosacral spondylosis without myelopathy, cervicgia, myalgia and myositis not otherwise specified, chronic pain syndrome, cervical spondylosis without myelopathy and lumbar or lumbosacral disc degeneration. On March 7, 2014, he complained of diffuse neck pain, left upper extremity pain, diffuse thoracic back pain, low back pain and bilateral lower extremity pain. The pain was described as an aching, stabbing sensation. The pain was aggravated by periods of increased activity and lifting of objects. The pain was noted to be partially relieved by analgesic medications and various types of injection therapy. His gait was mildly antalgic. Physical examination revealed soft tissue dysfunction and spasm in the cervical paraspinal, thoracic paraspinal and lumbar paraspinal region. Straight leg raise reproduced the injured worker's radicular symptoms. Lateral rotation and extension of the spine reproduced concordant pain in the affected area. A request was made for MRI of the lumbar spine (closed high field scanner). On April 3, 2014, utilization review denied the request.

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 (Close High Field Scanner): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back, MRI

Decision rationale: The request for a repeat MRI is medically unnecessary. According to ODG guidelines, repeat MRIs are not recommended unless there is significant change in symptoms and findings suggestive of significant pathology like tumors, infections, fractures, neurocompression, and recurrent disc herniation. According to the chart, the patient had good strength and sensation of his lower extremities. There is no documentation of symptoms or signs experienced when the initial MRI was taken or documentation of progressive neurological deficits and red flags. Because of these reasons, the request for a repeat lumbar MRI is medically unnecessary.