

Case Number:	CM15-0004651		
Date Assigned:	01/15/2015	Date of Injury:	08/27/2004
Decision Date:	03/24/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/09/2015

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: Physical Medicine & Rehabilitation

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 61-year-old male who reported an injury on 08/27/2004. The mechanism of injury was unspecified. His diagnoses include degenerative lumbar/lumbosacral intervertebral disc, neck sprain/strain, and shoulder and upper arm sprain/strain. His past treatments included medications, physical therapy, chiropractic therapy, acupuncture, and injections. Diagnostic studies included a lumbar spine MRI, performed on 07/02/2013. On 01/08/2015, the injured worker complained of increased low back and left lower extremity pain with associated weakness in the left lower extremity. The physical examination of the lumbar spine revealed tenderness to palpation over the bilateral lumbar paraspinous musculature from L3-S1 with muscle spasms. The lumbar range of motion was noted with flexion at 40 degrees, extension to 25 degrees, left lateral bending at 25 degrees, and right lateral bending at 30 degrees. The injured worker was also noted to have decreased muscle testing of the lower extremity with a positive straight leg raise on the left. The injured worker's reflexes were indicated to be 0 to 1+ bilaterally in the patellar and Achilles. His relevant medications included Norco 10/325 mg, gabapentin 600 mg, meloxicam 15 mg, Laxacin, Trazodone 100 mg, Pristiq, Copaxone 1 mg, Protonix 200 mg, Fioricet, and tramadol. The treatment plan included a lumbar spine MRI to rule out disc changes. A Request for Authorization form was submitted on 01/13/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar spine MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

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, MRIs (magnetic resonance imaging).

Decision rationale: The request for a lumbar spine MRI is medically necessary. According to the Official Disability Guidelines, repeat MRIs are reserved for significant changes in symptoms and/or findings suggestive of significant pathology. The injured worker was noted to have failed physical therapy, chiropractic therapy, and acupuncture. He was also noted to have failed epidural steroid injection and medial branch blocks. The physical examination also indicated the injured worker had decreased deep tendon reflexes to the patellar and Achilles with 0 to 1+, decreased muscle testing, and decreased range of motion of the lumbar spine with spasms. Based on significant changes in signs and symptoms of pathology, the request for repeat lumbar spine MRI would be supported by the evidence based guidelines. As such, the request is medically necessary.