

Case Number:	CM15-0006164		
Date Assigned:	01/15/2015	Date of Injury:	01/02/2014
Decision Date:	03/11/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/08/2015

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: New York
 Certification(s)/Specialty: Internal 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 48 year old female with an industrial injury dated January 2, 2014. The injured worker diagnoses include lumbar strain. She has been treated with radiographic imaging, prescribed medications, consultation and periodic follow up visits. Lumbar x-ray from December 4, 2014 was noted to be unremarkable. MRI of lumbar on 4/14/2014 revealed L2-3 disc herniation with associated degenerative spondylosis and spinal stenosis. In a progress note dated 12/4/14, her treating physician reports persistent lower back pain with radiation into the left leg and knee and is requesting a repeat lumbar MRI to identify the pain generator. The treating physician prescribed services for repeat MRI of the Lumbar Spine now under review. UR determination on January 5, 2015 denied the request for repeat MRI of the Lumbar Spine, citing Official Disability Guidelines.

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: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MRI of the LS Spine Page(s): 309 (pdf format).

Decision rationale: There is no documentation of any significant change in the claimant's complaints or exam. She is maintained on medical therapy and there has been no new neurologic findings or subjective complaints of increased back pain, radiculopathy, bowel or bladder incontinence. The claimant had an MRI of the LS spine 4/14/2014 and there is no reported consideration for any interventional procedures for treatment of her back condition. There is no specific indication for the requested repeat MRI of the lumbar spine. Medical necessity for the requested service has not been established. The requested service is not medically necessary.