

Case Number:	CM15-0006260		
Date Assigned:	01/26/2015	Date of Injury:	04/10/2014
Decision Date:	03/19/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	01/12/2015

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:

This 60 year old male sustained an industrial injury on 4/10/14 with subsequent low back pain. Magnetic resonance imaging lumbar spine (5/22/14) showed multilevel degenerative disc disease and facet arthropathy with foraminal narrowing and tightening of the right lateral nerves. X-rays of the lumbar spine (6/12/14) showed disc space narrowing at L4-5. Treatment included physical therapy, acupuncture, epidural steroid injections and medications. In a PR-2 dated 12/4/14, the injured worker complained of constant low back pain 8/10 on the visual analog scale. Physical exam was remarkable for low back pain with positive straight leg raise and decreased range of motion. Current diagnoses included displaced lumbar intervertebral dis and lumbar and thoracic spine strain/sprain. The treatment plan included referral to pain management for an epidural steroid injection, a three dimensional magnetic resonance imaging lumbar spine per the patient's request and continuing current medications. On 12/11/14, Utilization Review noncertified a request for 3D MRI, Lumbar Spine, citing ACOEM and CA MTCA MTUS guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

IMR ISSUES, DECISIONS AND RATIONALES

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

3D MRI, Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Lower back Chapter, MRIs magnetic resonance imaging

Decision rationale: The patient presents with his low back pain. The request is for 3D MRI OF THE LUMBAR SPINE. The patient has had a previous MRI of the lumbar spine on 05/22/14, which showed 1) moderate foraminal narrowing at right L4/5 as well as tightening of the right lateral recess 2) suspected L5 pars defect. Regarding repeat MRI study, ODG under Lower back Chapter, MRIs magnetic resonance imaging “states is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology” eg, tumor, infection, fracture, neurocompression, recurrent disc herniation. In this case, the treater requested a repeated MRI because of the patient's request. There are no neurologic deterioration such as progressive weakness; no red flags such as bowel bladder symptoms, suspicion for tumor, infection, fracture; no significant change in examination; no new injury to warrant an updated MRI. The current request IS NOT medically necessary.