

Case Number:	CM15-0007538		
Date Assigned:	01/26/2015	Date of Injury:	09/23/2013
Decision Date:	03/17/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/13/2015

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, Indiana, 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 30 year old male with an industrial injury dated 09/23/2013. His diagnoses include lumbar disc disease L5-S1. The previous MRI (12/12/2013) showed a 2-3mm disc bulge at the L5-S1 level with documented foraminal stenosis. Recent diagnostic testing has included a MRI of the lumbar spine (01/12/2015) which revealed a 3mm disc bulge causing severe left foraminal stenosis and moderate right foraminal stenosis at the L5-S1 level. Recent treatments have included medications and activity restriction. In a progress note dated 12/10/2014, the treating physician reports low back pain with left leg pain. The objective examination revealed tenderness to deep palpation in the paralumbar region, decreased range of motion and positive straight leg raise on the left. The treating physician is requesting a repeat MRI of the lumbar spine which was denied by the utilization review. On 12/23/2014, Utilization Review non-certified a request for a repeat MRI of the lumbar spine, noting the lack of documented objective progressive neurologic deficits. The MTUS and ODG were cited. On 01/13/2015, the injured worker submitted an application for IMR for review of MRI of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient repeat MRI-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 (ODG)

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

Decision rationale: Pursuant to the Official Disability Guidelines, repeat MRI to the lumbar spine is not medically necessary. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, compression, recurrent disc herniation). The indications for magnetic resonance imaging are enumerated in the Official Disability Guidelines, they include, but are not limited to, lumbar spine trauma with neurologic deficit; uncomplicated low back pain, suspicion of cancer, infection or other red flags; with radiculopathy, after at least one month conservative therapy, sooner if severe or progressive neurologic deficit; etc. See the guidelines for additional details and indications. In this case, the injured worker's working diagnosis is lumbar disc disease. The injured worker was last seen May 2014. Subjectively, the patient presented on December 10, 2014 and has ongoing back pain and left leg radiculopathy, worse over the last three months. Objectively, there was tenderness palpation in the parallel bar region deep palpation. There were no neurologic deficits noted. The prior MRI of the lumbar spine was performed December 12, 2013. The MRI showed a 2-3 mm disc bulge at the L5-S1 level documented foraminal stenosis. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. The documentation does not contain a significant change in symptoms and/or objective findings. Moreover, there were no neurologic deficits noted on the most recent progress note. Consequently, absent clinical documentation to support a repeat lumbar MRI without a significant change in symptoms and or objective findings, repeat MRI lumbar spine is not medically necessary.