

Case Number:	CM15-0009774		
Date Assigned:	01/27/2015	Date of Injury:	03/11/2011
Decision Date:	03/24/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/16/2015

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, Hawaii
 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 51 year old female, who sustained an industrial injury on 3/11/2011. She has reported neck pain. The diagnoses have included cervical and lumbar pain. Treatment to date has included cervical fusion C5-6 in 2007 and medications including anti-inflammatory, narcotic, and muscle relaxer. Currently, the IW complains of low back pain and neck pain. November 18, 2014 physical examination documented decreased neck Range of Motion (ROM), tenderness in paraspinal muscles with spasms bilaterally and trapezius tenderness. Diagnosis was cervical spondylosis without myelopathy. Plan of care was surgery of the cervical spine after scheduled sinus surgery. On 12/23/2015 Utilization Review non-certified a Magnetic Resonance Imaging (MRI) without contrast of lumbar spine, noting the documentation did not include physical assessment of lumbar spine or functional neurological deficits to support the medical necessity of the requested treatment. The MTUS and ACOEM Guidelines were cited. On 1/16/2015, the injured worker submitted an application for IMR for review of Magnetic Resonance Imaging (MRI) without contrast of lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI without contrast of the lumbar spine: 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 ODG Low back chapter MRI

Decision rationale: The patient presents with pain affecting the lumbar and cervical spine. The current request is for MRI without contrast of the lumbar spine. The treating physician states, "She complains of low back pain, we will order a MRI lumbar." (7F) The ODG guidelines lumbar chapter supports MRI scans for patients with lower back pain with radiculopathy and other red flags after one month of conservative treatment. In this case, the treating physician has not documented any examination findings indicating the presence of radiculopathy. There is no discussion of any red flags that warrant an MRI scan and the ODG guidelines do not recommend an MRI based on low back pain alone. The current request is not medically necessary and the recommendation is for denial.