

Case Number:	CM15-0103239		
Date Assigned:	06/05/2015	Date of Injury:	09/14/2007
Decision Date:	07/13/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	05/29/2015

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, North Carolina
 Certification(s)/Specialty: Family Practice

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 64 year old male who sustained an industrial injury on September 14, 2007. He has reported pain of the cervical spine and low back and has been diagnosed with lumbago and cervicgia. Treatment has included injection, surgery, and medication. Examination of the cervical spine noted a well healed scar. Range of motion was limited coordination and balance was intact. Sensation and strength were normal. Examination of the lumbar spine noted palpable paravertebral muscle tenderness with spasm. Seated nerve root test was positive. Range of motion noted standing flexion and extension was guarded and restricted. Coordination and balance was intact. There was tingling and numbness in the lateral thigh, anterolateral and posterior leg and foot, an L5 and S1 dermatomal pattern. The treatment request included a 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:

MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287.

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Page(s): 287.

Decision rationale: In this case the claimant has known degenerative changes and disc bulges diagnosed on a 2013 MRI. The request is for a repeat MRI based on some numbness/tingling in his lateral leg and chronic back pain. ACOEM Guidelines indicate that a repeat MRI is not indicated in the absence of new findings. The records indicate no change in symptoms or physical findings. There are no red flags requiring an MRI. There are also no formal findings of a radiculopathy. Based on the above, the medical necessity for a repeat MRI is not established.