

Case Number:	CM15-0108385		
Date Assigned:	06/15/2015	Date of Injury:	08/03/2011
Decision Date:	07/14/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/05/2015

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: Connecticut, California, Virginia
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 43 year old male, who sustained an industrial injury on 08/03/2011. The injured worker reported low back pain after lifting some boxes and was diagnosed with lumbar sprain-strain subluxation complex complicated by left paracentral disc protrusion at L4-S1 displacing the left S1 nerve root, minimal circumferential disc bulges at L3-L4 and L4-L5, myofascial pain and depression with no suicidal ideation. On provider visit dated 05/11/2015 the injured worker has reported chronic low back pain. The injured worker was noted to walk with a cane at home. On examination of the tongue was midline and periodically moved up and down and side to side. There was no tongue fasciculation's noted. Bilateral Brachioradialis, triceps and reflexes were noted. Patellar and Achilles reflexes were noted as well with toes downgoing. Bilateral patellar reflexes were absent. 2 beats of clonus in the right ankle and one on the left were noted. The injured worker was noted to have a tremor with great variation in his left greater then right tremor, which was noted to appear to be voluntary. The diagnoses have included L5-S1 disc bulge with bilateral S1 radicular pain, severe reactive depression with psychotic feature and somatoform disorder, bilateral foci in the periventricular and subcortical white matter and post-traumatic stress, bilateral foci in the periventricular and subcortical white matter and post-traumatic stress disorder. He was noted to have previous MRI's and electromyogram study. Treatment to date has Cymbalta, Norco, Lexapro and other medications, laboratory studies, psychiatric evaluation and treatment. The provider requested Lumbar MRI without dye.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar MRI: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back MRI.

Decision rationale: The MTUS discusses recommendations for MRI in unequivocal findings of specific nerve compromise on physical exam, in patients who do not respond to treatment, and who would consider surgery an option. Absent red flags or clear indications for surgery, a clear indication for MRI is not supported by the provided documents. There is no objective evidence to support an interval change that warrants a repeat study. The ODG states that repeat MRI 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). Previous MRIs have provided insight into the patient's current anatomy and repeat imaging at this time is unlikely to reveal clinically significant changes. Without further indication for imaging, the request for MRI is not medically necessary at this time.