

Case Number:	CM15-0018540		
Date Assigned:	02/06/2015	Date of Injury:	06/11/2014
Decision Date:	04/03/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/01/2015

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, Arizona

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 53-year-old male who reported an injury on 06/11/2014. The injured worker was reportedly injured while operating heavy machinery. The current diagnoses include lumbar spondylosis, facet arthropathy at L2 to L5, and lumbar stenosis. The injured worker presented on 01/16/2015 for a follow-up evaluation. The injured worker reported complaints of low back pain with right lower extremity radiation. Upon examination, there was a normal gait, no evidence of weakness when walking, palpable tenderness over the paravertebral muscles, decreased sensation in the right L4 and S1 dermatomes, 42 degree flexion, 8 degree extension, 18 degree lateral bending, and 4/5 motor weakness in the right EHL. Recommendations at that time included an MRI scan of the lumbar spine and a lumbar epidural steroid injection. The injured worker was also issued prescriptions for Norco 10/325 mg and Zanaflex 4 mg. A Request for Authorization Form was then submitted on 01/16/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI lumb spine w/ contrast: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 303-305.

Decision rationale: California MTUS/ACOEM Practice Guidelines state if physiologic evidence indicates tissue insult, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause. In this case, it was noted that the injured worker had previously undergone an MRI of the lumbar spine in 10/2014. There was no documentation of a progression or worsening of symptoms, or physical examination findings. The medical necessity for a repeat imaging study has not been established in this case. Therefore, the request is not medically appropriate at this time.